

# American Optometric Association NEWS

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American Optometric Association

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## Inauguration caps Optometry's Meeting®



**P**eter Kehoe, O.D., was sworn in as the 87th president of the AOA at Optometry's Meeting® in Seattle.

Randy Brooks, O.D., assumed the office of president-elect of the AOA.

"You've made me feel

very proud and special today, times 35,000," Dr. Brooks said to the House of Delegates.

Dr. Brooks said he will build on the ongoing trust of AOA members during his ninth year on the board.

Joe Ellis, O.D., was

elected to the office of vice president.

"He's always one of the first to stand up for optometry," said Wes Pittman, O.D., past AOA president, who nominated Dr. Ellis.

Dori Carlson, O.D., was elected to the office of secre-

tary-treasurer.

Dr. Carlson shows all the signs of greatness, according to Beth Kneib, O.D., who nominated Dr. Carlson.

David Cockrell, O.D., was re-elected to a three-year

See Board, page 6

**Laurence S. Chadwick, O.D., at podium, swears in the 2008-2009 AOA Board of Trustees. From left are President Peter H. Kehoe, O.D.; Immediate Past President Kevin L. Alexander, O.D., Ph.D.; President-elect Randolph E. Brooks, O.D.; Vice President Joe E. Ellis, O.D.; Secretary-treasurer Dori M. Carlson, O.D. and trustees Ronald L. Hopping, O.D., M.P.H.; David A. Cockrell, O.D.; Mitchell T. Munson, O.D.; Andrea Thau, O.D.; Steven A. Loomis, O.D.; and Christopher Quinn, O.D.**

## U.S. Senate approves AOA-backed legislation fixing Medicare fees, DMEPOS accreditation delay

**W**ith nine senators deciding to reverse course after a week-long congressional recess, the U.S. Senate finally passed the Medicare Improvement for Patients and Providers Act (H.R. 6331), July 9.

The bill, backed by the AOA and a national coalition of provider and patient groups, would avert massive

cuts in Medicare physician reimbursement over the next 18 months and provide positive payment updates through 2009 to be funded through reductions in subsidies to Medicare Advantage plans.

The measure also contains a provision to block implementation of an unfair DMEPOS (Durable Medical Equipment Prosthetics, Orthotics, and Supplies)

accreditation regulation that has been strongly opposed by the AOA.

As key votes in Congress approached, the AOA Washington office issued a series of legislative action alerts – including some directed at attendees at Optometry's Meeting® in Seattle – urging optometrists to contact their senators in support of the legislation.

"Leaders, volunteers and staff from state associations, bolstered by AOA federal Keypersons, mobilized effectively and helped get optometry's message to Capitol Hill," said Jon Hymes, AOA Washington office director.

"The Senate's action is a key step toward ending months of uncertainty for ODs, MDs and other providers," noted Hymes.

In remarks on the Senate floor on June 26, Sen. Harry Reid (D-Nev.), the majority leader and key backer of H.R. 6331, specifically recognized the AOA as a supporter of the bill.

"The Senate's approval of AOA-backed legislation to avert massive Medicare

see Medicare, page 22

Get the information you need at [ilamo@aoa.org](mailto:ilamo@aoa.org)



**President's Column**  
Much to cheer about



3

**Glance at the States**  
Rhode Island gains  
orals authority



22





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## PRESIDENT'S COLUMN

# Much to cheer about

*The following article is excerpted from remarks by Peter H. Kehoe, O.D., as he was inaugurated as the 87th president of the AOA on June 28.*

Today – I am the luckiest optometrist in America. You have honored me by allowing me to spend the next year doing what I do best – being a cheerleader for our profession, and the patients we serve. And we have a lot to cheer about!

Last week I did an interview with a freelance careers reporter who was researching “optometry as a career” for her syndicated newspaper column.

Like many Americans, (and possibly many of our patients) she had little understanding of the role optometry plays each day in the health care system. Her perceptions of our profession were couched by the retail advertisements in the newspapers and on television that focus on correcting vision and her limited knowledge of our eye health expertise, because as she said: “I came from a MEDICAL family.”

Based on her article, I believe I was successful in giving this person with the power of the pen a little better understanding of what optometry is all about in the year 2008.

One of her most interesting questions to me was: “why do people choose optometry over ophthalmology?” That question caused

me to pause for just a few seconds as I thought about the reasons potential students give when they are interviewed or write essays as requirements for entrance to optometry school.

And then it reminded me of why I chose optometry. At the truly gut level, don’t we all choose optometry to make a difference in people’s lives?

The reporter then asked again – why choose optometry rather than ophthalmology? and I shared that optometry is considered the “family eye doctor” similar to the family practice physician or pediatrician.

If you think for just a

see the photos of their grandchildren through the use of low vision aids or helping a 40-something understand how to succeed with presbyopia.

Or how about Paul Wagner, O.D., in Arizona, who during his very first InfantSEE® assessment, discovered retinoblastoma, and as mom Stacey Zellers says: “saved my daughter’s life.”

We all have stories, because we all take pride in our profession and we all want to make a difference in our patients’ lives every day.

And as I told the reporter, the demand for optometry is VERY strong. With us baby boomers aging,

*It reminded me of why  
I chose optometry.  
At the truly gut level,  
don’t we all choose optometry  
to make a difference  
in people’s lives?*

moment, nearly every day as optometrists we make a significant contribution to our patients’ lives.

It might be the first pair of glasses for a child struggling in school or enabling a young person to be able to see leaves on a tree for the first time; counseling a patient with diabetes about why he needs to maintain better blood sugar control or seeing the shy teenage girl light up when she first puts in her new contact lenses; helping a macular degeneration patient

the National Eye Institute is projecting that macular degeneration, which currently affects 1.8 million Americans (and another 7.3 million at significant risk of vision loss) will increase to 2.9 million by the year 2020. Glaucoma will rise from 2.2 million to 3.3 million by 2020 and with the epidemic in diabetes, retinopathy will increase from 4.1 million today to 7.2 million by the year 2020.

Optometry is positioned to make a significant impact for these millions of patients.



**Dr. Kehoe**

Your AOA, and the leaders before me, have shaped optometry into THE primary eye care profession we are today.

With the upcoming presidential election and the talk on Capitol Hill of reforming health care we need EVERY optometrist to become fully engaged in the process to ensure that our patients have the opportunity to see their family eye doctor for their care. You can be sure that the AOA volunteers and staff will do our best to position optometry as THE primary eye care provider in whatever the new health care system will look like, but we can’t do it alone.

We need every optometrist, in every practice setting, to take pride in the knowledge and expertise that we bring into the exam room with each patient. And to value the care we deliver to our patients as highly as our patients value their sight.

A recent study in the United Kingdom suggested that nine out of 10 people fear losing their sight more than any other sense. And an

*See Cheers, page 18*

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# Resolutions build on school nurse projects, affiliate relations

The AOA House of Delegates adopted two resolutions during its deliberations.

❖ The first was a resolution calling for increased recognition and support of school nurses. By a voice vote, the resolution passed June 26, stating that “the American Optometric Association commends America’s school nurses for their unique role in the health care of our nation’s students...encourages all optometrists to communicate appropriately, and in a manner that comports with federal, state, and local requirements, with school nurses regarding their referrals; and...pledges its support to our nation’s school nurses as they carry out their important mission of coordinating and monitoring the health and well-being of our nation’s school-aged children.”

The resolution is the latest in a series of relationship-building projects between the AOA and the National Association of School Nurses (NASN).

“We envision this partnership to be a long-term relationship,” said Amy Pruszenski, O.D., chair of the AOA’s School Nurse Project Subcommittee. “We plan to work on mutual goals that will be in the best interest of the students and help the nurses have what they need to do their jobs.”

The School Nurse Project Subcommittee was formed to guide the development of new school nurse materials by the AOA.

The NASN agreed to a survey of its members regarding their vision-related concerns. More than 1,500 school nurses took the survey, and more than 1,000 responded affirmatively to the question, “May we inform local optometrists of your school’s interest in the AOA’s school nurse resources?”

Based on the information gathered, the AOA will release a school nurse toolkit in September.

“The school nurses feel they are not able to adequately meet the vision needs of the students, and they appreciate the help from optometry,” said Dr. Pruszenski. “It would be good for optometrists to make themselves available as contacts.”

The NASN has announced it was signing on as a supporter of the Vision Care for Kids Act (S. 1117 / H.R. 507), a bipartisan bill designed to ensure that no child is left behind in the classroom due to a treatable vision problem.

❖ A resolution proposed by four state optometric associations to create a project team to review the AOA’s Affiliate Legal and Legislative Defense Fund passed the House of Delegates June 27.

The resolution calls for the AOA Board of Trustees to establish a project team “to re-evaluate, study, investigate, and, explore the current and future organizational structure, rules for use, and intended goals” for the program and present its final report to the June 2009 AOA House of Delegates for its consideration.

The House of Delegates adopted Resolution #1963 in June 2005 implementing the Affiliate Legal and Legislative Defense Fund loan program and creating an Oversight Board.

However, the Oversight Board has yet to receive an application for funds from any affiliated association seeking to participate in the loan program; and the original fund of \$1,128,604.69 to initiate the program remains unused.

All resolutions must be made effective by the AOA Judicial Council before they become final.



## LETTERS

### Optometric 4 Horsemen and Cavalry

Editor:

The Optometric Four Horsemen and Cavalry would like to introduce Vision First Foundation and their new Web site at [www.VisionFirstFoundation.org](http://www.VisionFirstFoundation.org).

We fully support the efforts of Mrs. Janet Hughes and Vision First. We urge our fellow optometrists to do the same.

The Vision First “Kids Eyes Count Campaign” has all the information parents, schools, and eye doctors need to ensure children have their best vision. It is extremely important our children become the best they can be visually for their task as students. Our profession has the knowledge and skills to solve many classroom problems that children experience as well as diagnose, manage or refer eye health and/or vision problems.

Will you join us?

❖ Promise to complete the Vision First Preschool or Student Comprehensive Eye and Vision Examination Report for every child examined. The experience our colleagues have had with the form has been nothing short of phenomenal. Parents and teachers alike are enthusiastic to receive this information. Can you imagine the impact we could have if all eye optometrists began to use these forms? These forms are available free on the Vision First Web site.

❖ Insist schools in your area inform parents that a vision screening is not a substitute for an eye examination. Remember, a child should be exempt from a vision screening if a report form has been completed and signed by an optometrist or ophthalmologist. Did you know Illinois is the first state to make this notice a law? A prewritten vision screening

letter for schools is available free on the Vision First Web site.

❖ Make sure that you are knowledgeable in the identification of functional vision problems. After identifying a visual problem that might interfere with academic learning, if you do not provide service to ameliorate the visual problem, we urge you to please refer the patient to a colleague that does. “When in doubt, refer the child out.” You will never be sorry!

When we first met Janet Hughes almost six years ago, we had no idea what one parent could do. Janet Hughes has led the way and accomplished for children’s vision what optometry has been trying to do for the past 50 years. Parents are our greatest asset!

For further information, please visit: [www.VisionFirstFoundation.org](http://www.VisionFirstFoundation.org).

Thank you for your interest and support of this exciting new organization for children’s vision.

Yours for better vision,

*The Optometric Four Horsemen and Cavalry*

John Leon, O.D.  
Lawrence Vogel, O.D.  
Floyd Mizener, O.D.  
Floyd Woods, O.D.  
Willard Lyons, O.D.  
Joseph Nolan, O.D.  
Elliot Politser, O.D.  
Sol Locke, O.D.  
Herbert Smith, O.D.  
Richard Stratton, O.D.  
Sol Tannebaum, O.D.  
In loving memory of Irving Kernis, O.D.

**DISCLAIMER:** *The Optometric Four Horsemen is an unofficial and loosely organized group of optometrists with more time on their hands than they should have. We have a desire to provide guidance for the future of optometry.*

*Most of us are fully retired and have no axe to grind; just a passionate*

*desire to remain active in our profession and to help others. We are self-funded with no financial support from the Illinois or American Optometric Associations or federal, state, or local government. We have no relationship with the Democratic, Republican, or Communist parties. We receive no sponsorship funds from any optical or drug manufacturer. No optical laboratory will even come close to us.*

*In other words, we are free to express our ideas, thoughts, and critiques without fear. What a great feeling! You will be hearing more from us so stay tuned!*

### Congratulations

Editor:

This letter is a congratulatory one for our Immediate Past President, Kevin Alexander, O.D., Ph.D.

I’m a graduate of the Massachusetts College of Optometry (now NECO) ’57 and I’ve been retired for 13 years after a 38-year career in private practice.

In all these years, I have never had a bigger thrill than the one engendered by Dr. Alexander’s “Magic Moments” article in your May 12 issue.

It brought back many memories of the magic moments in my life. My graduation, my first patient, the opening of my first office, my marriage and the birth of my children.

I just want to thank Dr. Alexander and your wonderful newspaper, which I read with relish from cover to cover every issue.

A special thanks to our glorious profession of optometry for providing all of us with the opportunity to serve our patients and bring a ray of sunshine into their lives.

Richard Susskind, O.D.  
Sandwich, Mass.





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JORG BADURA  
PHOTOJOURNALIST



term as an AOA trustee.

Dr. Cockrell "lives and breathes optometry," said Lenny Steiner, O.D., who nominated Dr. Cockrell.

Ron Hopping, O.D., MPH, was also re-elected to a three-year term as an AOA trustee.

"Optometry is blessed with outstanding leaders, and Ron is one of those leaders," said John Coble, O.D., who nominated Dr. Hopping.

Christopher Quinn, O.D., was elected to a one-year term as an AOA trustee.

"I look forward to serving with diligence and great compassion," said Dr. Quinn.

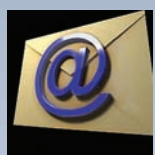
Tommy Crooks, O.D., ended his service to the AOA Board of Trustees after serving as immediate past-president this year.

"When you get to this point, you have mixed emotions," said Dr. Crooks. "I'll miss the people, but I won't miss the travel."

Dr. Crooks said he had always wanted to make a positive difference during his time on the board.

Kevin Alexander, O.D., Ph.D., assumed the office of immediate past-president.

Dr. Alexander said his main accomplishments while serving as president included the advocacy thrust and the establishment of the National Commission on Vision and Health and the Joint Board Certification Project Team.



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## National Commission on Vision and Health to place optometry in the forefront of policy

**E**dwin Marshall, O.D., MPH, chair of the National Commission on Vision and Health, told the AOA House of Delegates June 26 how the group's mission is to improve the nation's vision health by collaborating with experts in science and health policy to ensure informed analysis and policy recommendations in order to prevent blindness, improve visual function, and eliminate vision health disparities.

"Our goal is to assure that access to vision care is integrated into public health policy and programs at the national, state, and local levels," Dr. Marshall said.

He said vision care issues are too often invisible in the development of health policy within government agencies.

"Optometrists are rarely represented in public health agencies and other policy making entities. Often the role of visual function and eye health is sidelined in policy discussions at all levels of government," he said.

"Consequently, the profession is continually reacting, through advocacy and legislative initiatives, to the problems of under-representation of vision and eye health policy in government programs."

Dr. Marshall described how in 2001, the AOA Board approved the Healthy Eyes Healthy People® (HEHP) initiative, which addresses the overall goals and 10 vision objectives of Healthy People 2010.

HEHP has been a tremendously successful program, resulting in a 2002 Memorandum of Understanding between the AOA and the U.S. Department of Health & Human Services, which was renewed through 2009 based on the accomplishments of the HEHP programs.

Those programs include six national conferences with speakers from federal agencies and national health asso-

ciations and the funding of more than \$800,000 to more than 40 state optometric associations for 210 collaborative, community outreach projects.

"With the Healthy Eyes Healthy People® initiative, the American Optometric Association has matured with extensive frontline experience in multidisciplinary collaboration," he said. "We have developed new friends and allies through effective service partnerships in locally led community health projects and through Memoranda of Understanding with national entities, such as the American Public Health Association, the National Rural Health Association, and the National Association of Community Health Centers. We believe that HEHP can be the founda-

AOA Board approved with seed funding. The commission is to be self-supporting in the future.

"The commission is designed to create a credible voice for vision care access and full inclusion of optometry in all aspects of health care policymaking. To gain national visibility, the commission will convene meetings, release policy papers, and issue comment on prominent health issues of the day. These work products of the commission will serve as new tools for vision health advocacy efforts," Dr. Marshall said.

"Public statements from the commission will be based in science and provide the evidence to more effectively motivate other Americans to

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*"Public statements from the commission will be based in science and provide the evidence to more effectively motivate other Americans to be concerned about vision care and to support health policy that improves access to eye care services."*

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tion of a new initiative to make vision health visible in the broad debate about community health and public policy."

Building on the achievements of HEHP, Dr. Marshall noted, then-AOA President Kevin Alexander, O.D., Ph.D., envisioned that the next step was to develop the National Commission on Vision and Health, which would weave vision health into the debate of broader health care issues.

Dr. Alexander worked with incoming AOA Executive Director Barry Barresi, O.D., Ph.D., to develop the concept of the National Commission on Vision and Health, which the

be concerned about vision care and to support health policy that improves access to eye care services," he noted.

"The commission will help mobilize a public consensus to articulate through public policy the importance of vision care to the health of the public and establish appropriate high-level positions for optometry expertise in key federal and state public agencies," Dr. Marshall said.

The commission is composed of high-profile members from various disciplines who are recommended by the Nominating Committee and approved by the AOA Board.

At least two-thirds of the members are non-optometrists who represent



**Dr. Marshall**

the broadest array of stakeholders and expertise in health care.

The non-optometrists currently serving are a dentist, a physician assistant, an ophthalmologist, a state health department chronic disease program specialist, a Medicaid policy specialist, the executive director of the National Medical Association, and a disabilities specialist from the Centers for Disease Control and Prevention.

The optometrists on the commission are a former congressman and current state insurance commissioner, a CDC vision program specialist, and Dr. Marshall.

The commission's work is supported by Chief of Staff John Whitener, O.D., and Peter Shin, Ph.D., health policy research professor from the George Washington University School of Public Health and Health Services.

The commission held its organizing meeting in April and identified priority issues for the staff to begin researching and drafting position papers for further commission action. Those issues include:

1. The inclusion of children's vision services into any federal health reform legislation or regulatory policy changes, and
2. The reimbursement from Medicaid and Medicare to optometrists for providing smoking cessation counseling.

The first formal meeting of the commission will be in late September in Washington, D.C.



## AOA advises FDA panel exploring CL product testing, labeling

On June 10, the Ophthalmic Devices Panel of the Medical Devices Advisory Committee met in Washington, D.C., to provide advice to the U.S. Food & Drug Administration (FDA) with respect to modifications to pre-clinical and clinical testing for contact lens care solutions as well as recommendations for improved labeling of contact lens care products.

Representing the AOA at the hearing, Louise Sclafani, O.D., immediate past chair of the AOA Contact Lens and Cornea Section, and William Benjamin, O.D., of the AOA Commission on Ophthalmic

Standards, provided the Ophthalmic Devices Panel with expert testimony highlighting the need to more closely examine contact lens safety and compliance, improve product testing procedures and enhance labeling of contact lens care products.

Among other issues, Drs. Sclafani and Benjamin raised concerns over current FDA pre-market testing procedures, which fail to accurately simulate real-world conditions and leave patients largely vulnerable if directions for use are not strictly followed.

Current FDA testing also fails to include the *Acanthamoeba* parasite as

part of its standard testing process, despite numerous *Acanthamoeba* and *Fusarium* keratitis incidences among lens wearers in late 2006 and 2007.

"We are supportive of the FDA in making changes to help protect the sight of Americans," said Dr. Benjamin. "We support the FDA in requiring that products be tested under more realistic conditions, when feasible, and in situations where lens wearers are not compliant with a doctor's instructions. We also support the agency's review of labeling requirements for care products."

They made it clear that instances of major non-compliance issues such as not washing hands before handling products and lenses or simply topping-off solution could be greatly reduced with improved labeling.

"We are also asking the FDA to require an expiration date on bottles of solution. Currently, the FDA does not require a mandatory discard date after opening," said Dr. Sclafani. "The only current requirement is that the solution must have a preservative or be packaged to reduce contamination. This has been confusing for both patients and doctors."

Drs. Sclafani and Benjamin explained to the independent panel that by implementing a mandatory discard date and prominently displaying directions to better address major non-compliance issues, patients' outcomes and safety could be greatly increased.

Additionally, AOA leaders are asking the FDA to include *Acanthamoeba* on the list of parasites that it tests for in products.

As flooding expanded across much of the Midwest, the AOA distributed recommendations for safe contact lens wear to media and reminded contact lens wearers to closely follow hygiene and compliance instructions issued by their eye doctors. Higher temperatures combined with standing water can mean an increase in the number of cases of eye infections.

In particular, the *Acanthamoeba* parasite and other micro-organisms can contaminate the lens case and infect the cornea. Water contaminated with *Acanthamoeba* can come from lakes, rivers, and swim-

ming pools.

The AOA recommended the following precautions to avoid exposure to *Acanthamoeba* or other flood-related eye infections:

- ❖ Remove contact lenses prior to entering flood waters or before other water activities including swimming
- ❖ Contact lens wearers who regularly sleep in contact lenses as prescribed should refrain from doing so if exposed to water

- ❖ Always sterilize contact lens cases and wash and dry hands prior to handling lenses

"Contact lenses are among the safest forms of vision correction," said Dr. Sclafani. "Patients can and should take an active role in protecting themselves from eye infections by carefully following their optometrist's instructions regarding care of contact lenses."

According to the AOA, proper lens hygiene and compliance includes using fresh cleaning or disinfecting solution each time lenses are cleaned and stored.

Additionally, most solutions are approved for use without rubbing; however, optometrists are recommending that patients rub their lenses to enhance cleaning for additional safety.

While more than 80 percent of all contact lens wearers go to an optometrist for their eye care (according to the Contact Lens Institute), the AOA will continue to take an active role in educating members and their patients and working with federal health officials to improve lens wear and care instructions.

Further resources for doctors and patients on contact lens wear and care can be found at <http://www.aoa.org/x8024.xml>

## AOA supports effort to make U.S. currency accessible to all

Of the 180 countries in the world that issue bank notes of their own, the United States has the sole distinction of being the only country that prints almost identical bills for every denomination. As a result, millions of blind Americans and those with visual impairments may not be able to distinguish one denomination from another and may have difficulty using paper money.

Highly attuned to the everyday limits of the blind and visually impaired, U.S. Rep. Fortney "Pete" Stark (D-Calif.) has introduced AOA-backed legislation that would truly make U.S. currency accessible to all.

The Catherine Skivers Currency for All Act (H.R. 1931) would direct the U.S. Treasury Department to physically alter U.S. bank notes to make them more accessible to all Americans, especially those who are blind or visually impaired.

H.R. 1931 would man-

date the trimming of the corners of U.S. bank notes, in a manner that prevents fraud, so as to be easily distinguished by those with a visual impairment. The legislation also calls on Treasury officials to eventually produce bills with clearly distinguishing features

"Rep. Stark's bill takes an important step forward in being the first piece of legislation to propose a way to actually change our currency," said Jon Hymes, AOA Washington Office Director. "This legislation would, at long last, make U.S. currency accessible to all, especially to blind and visually impaired Americans."

In May, the U.S. District Court of Appeals for the District of Columbia Circuit made a landmark decision that orders the U.S. Treasury Department to research ways to make U.S. bank notes accessible to everyone and eventually produce bills with distinguishing features.

The court found that the

Treasury Department had violated the Rehabilitation Act by issuing paper currency that visually impaired individuals could not distinguish.

The ruling directed the government to make paper currency recognizable to the blind through the use of distinguishing and tactile marks, a decision that the Treasury Department has appealed.

"If the U.S. Treasury is not timely in answering the demands of the District Court of Appeals or if their appeal is granted, a determined legislative push may be necessary to ensure that blind and visually impaired citizens are no longer discriminated against," noted Hymes.

The legislation calls for the trimming of four corners on the \$1 bill, three corners on the \$2 bill, two diagonal corners on the \$5 bill, two corners on a long side of the \$10 bill and so on, with lower denomination bills having more trimmed corners than those with higher denominations.



# Medicare issues first PQRI bonuses, feedback reports

The U.S. Centers for Medicare & Medicaid Services (CMS) this month is scheduled to release its first Medicare Physician Quality Reporting Initiative (PQRI) "feedback reports" detailing how well Medicare health care providers did last year in meeting designated quality care standards.

Reports are being issued for all health care practitioners who participated in the 2007 Medicare PQRI program. The release of the reports coincides with the release of the first Medicare PQRI bonus payments, which the CMS was scheduled to begin mailing to health care providers on July 14.

Often referred to as "provider report cards," the reports will indicate how often participating health care practitioners appropriately submit-

ted "quality measures," deemed to improve the quality of care for Medicare patients, as well as the dollar amount of incentive payments practitioners will receive for providing those services.

Under the 2007 PQRI program, optometrists could earn bonuses equaling up to 1.5 percent of their total Medicare payments for the year by reporting at least three of eight designated PQRI eye care measures in at least 80 percent of applicable cases during the PQRI reporting period, July 1 to December 31, 2007.

The 2008 PQRI covers five eye care measures plus several administrative (i.e., electronic medical record use, e-prescribing) or patient counseling measures (e.g., inquiring about tobacco use), which may be applicable in an opto-

metric practice. (For additional information, see the AOA Web site PQRI page ([www.aoa.org/PQRI.xml](http://www.aoa.org/PQRI.xml)).

The PQRI was instituted by the CMS last year in response to a 2006 federal law requiring the establishment of the physician quality reporting system, including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered services furnished to beneficiaries.

The data being made available this month will not only allow health care providers to determine the percentage of cases in which they appropriately provided quality measures for patients, it will also allow practitioners to compare their own scores against national averages, according to the CMS.

The feedback reports will be made available online through Medicare's new Individuals Authorized Access to CMS Computer Services - Provider Community (IACS-PC).

The CMS established the new online provider community earlier this year to facilitate the electronic tracking and reporting of Medicare data.

Health care providers must be registered to use the new online provider community in order to access their

reports, according to the CMS. Health care providers will be sent an e-mail alert when their reports are available.

In group practices that are registered to use the IACS-PC, the practice staff person designated as the "security official" may access feedback reports for health care providers in the practice.

However, the CMS emphasizes that the practice security official should treat the reports as confidential and share a report only with the health care professional for whom it was issued.

Solo practitioners can use a "streamlined" process to register for the IACS-PC and access their reports, a CMS spokesperson noted during a teleconference on the process last month.

The CMS uses the taxpayer identification number (TIN) as the billing unit for bonus payments, so any bonus incentive payments earned will be paid to the holder of the TIN, Rachel Nelson, a CMS official, noted during a teleconference on the PQRI last month.

Bonus payments for professionals in group practices who reported satisfactorily under the PQRI program will therefore be sent in the form of a group remittance to the

practice under its tax identification number (TIN).

However, individual feedback reports will still be available for each of the participating health care providers in the practice.

Registration for the IACS-PC is free; however, it can take some time, particularly for group practices.

The AOA Advocacy Group urges any optometric practices that have not registered for IACS-PC access to do so as quickly as possible.

AOA members can learn how to register for the IACS-PC and use the system by consulting "Medicare launching new online provider services" in the Practice Strategies section of the April edition of *Optometry: Journal of the American Optometric Association* and "Three steps to IACS-PC registration" in the Practice Strategies section of the May edition of *Optometry: Journal of the American Optometric Association*.

Health care providers can learn more about the PQRI on the CMS Web site PQRI page ([www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri)).

Health care providers with specific questions on IACS registration or PQRI report delivery can find additional information by calling 866-484-8049.



## Maine authorities seek optometrists' help in locating missing girl

Authorities in Maine are seeking information about a girl, between 3 and 6 years old, who appears in photos on the Internet that indicate sexual abuse. She has a rare eye condition, acquired heterochromia, with a blue right iris and green left iris. She has been confirmed as a missing person, and is believed to be in the eastern United States. She has eyeglasses, and thus most likely has been a patient of an eye care provider. One lens is etched with the letters "MS" and the frames are Disney Eyewear 187 from Marchon.

If you have information that can help police locate her, please contact Detective Michael J. McFadden, of the Belfast, Maine, Police Department at 207-338-5255, or [m.mcfadden@belfastmepd.org](mailto:m.mcfadden@belfastmepd.org). He can also provide a full photo of the child's face upon request. "We want to hear from anyone who has any suspicion whatsoever that they may recognize this person," McFadden said. "The stakes are simply too high to second-guess ourselves. We will follow upon any lead and do so in a way that protects the source of our information and respects patient/doctor privileges."

## HHS announces 12 demonstration sites for electronic health record incentives

U.S. Department of Health & Human Services Secretary Michael O. Leavitt announced June 10 the 12 sites that will participate in a Medicare demonstration project offering incentives to primary care medical doctors and doctors of osteopathy for using electronic health records to improve patient care.

The 12 sites—in Alabama, Delaware, Jacksonville, Fla., Georgia, Maine, Louisiana, the Maryland/D.C. area, Oklahoma, Pittsburgh, South Dakota, Virginia, and Madison, Wis.—will participate in the five-year national CMS Electronic Health Record Demonstration Project that provides incentive payments to physicians using certified electronic health records to improve the quality of care of their patients.

The 12 communities were selected in a competitive process from a field that included 30 applicants because they demonstrated that they are already ahead of the curve when it comes to electronic health records (EHRs), Leavitt said during a news conference.

Optometrists will not be taking part in the demonstration projects; however, they should consider the projects as further evidence that electronic health records are coming, according to Francis L. McVeigh, II, O.D., chair of the AOA Health Information Technology and Telemedicine Committee. "Optometrists should begin preparing now to implement EHRs in their practices," said Dr. McVeigh said.

AOA members can find information on EHR implementation on the new the AOA Web site's new HIT Page (<http://www.aoa.org/HIT.xml>).



## AOA members get discount on Internet-based coding subscription service

The AOA has contracted with ReimbursementPLUS® as an endorsed provider to provide members a premium, Internet-based, real-time tool that provides up-to-the-minute CPT code reimbursement information; all related CPT code information and characteristics; and state-of-the-art information regarding CPT code and medical record-keeping compliance.

The AOA ReimbursementPLUS Suite provides a highly customizable product for the practice. Optometrists simply select the CPT codes they want, input their current fees, and indicate which medical carriers they are contracted with for services.

Intuitive ZIP-code-driven technology allows practitioners to see the information that specifically applies to their respective practice.

The product is available to AOA members for \$899 per year, a substantial discount from the non-member price.

Members interested in subscribing to the AOA ReimbursementPLUS Suite can find more information at <http://aoa.reimbursementplus.com> or may contact Elizabeth Ortmann-Vincenzo, AOA Associate General Counsel, at 314-983-4236, or [EOrtmann-Vincenzo@aoa.org](mailto:EOrtmann-Vincenzo@aoa.org).

## AOA site offers HIT, e-Rx resources

The AOA Web site's new Health Information Technology (HIT) page is now online offering optometrists practical advice on the implementation of e-prescribing and electronic health records (EHR) in their offices.

E-Prescribing: What Optometrists Need to Know, a new AOA white paper, serves as the introduction to an extensive section on the electronic filing of pharmaceutical prescriptions. The AOA Washington office is monitoring legislation being considered by Congress that may mandate e-prescribing in the near future.

To help acquaint optometrists with the requirements for public and private sector e-prescribing systems, the Web page outlines Medicare standards for e-prescribing and provides links to three major private sector e-prescribing networks: SureScripts, RxHub, and ProxyMed.

An Electronic Prescribing Readiness Assessment, developed by a coalition of health care provider organizations, is offering to help optometrists determine how prepared their practices are to implement e-prescribing.

For optometrists who are considering the implementation of EHRs in their offices, the Web page offers a number of additional resources including direct links to HIT training programs (such as the U.S. Centers for Medicare & Medicaid Services DOQIT University, an interactive Web course for solo and small- to medium-sized physician practices).

The page was developed by the AOA Health Information Technology and Telemedicine Committee, which has been established by the AOA Board of Trustees to help guide the profession of optometry into the new age of health information technology.

AOA members can access the new HIT Web page at [www.aoa.org/HIT.xml](http://www.aoa.org/HIT.xml).



**Officers and trustees of the American Optometric Student Association (AOSA) met during Optometry's Meeting®. In the front row, officers are Megan Moll, treasurer from Southern College of Optometry; Ray Pirozzolo, secretary from the State University of New York College of Optometry; Ashley Scantling, vice president, Northeastern State University, Oklahoma College of Optometry; and James Hill, president from the University of Alabama at Birmingham; and Marlene Burle, executive director of the AOSA.**

## E-prescribing readiness assessment offered online

Optometrists can determine if they are ready to issue pharmaceutical prescriptions electronically using the new Electronic Prescribing Readiness Assessment site, [www.GetRxConnected.com](http://www.GetRxConnected.com), according to the AOA Health Information Technology and Telemedicine (HITT) Committee.

The Web site provides an explanation of the benefits of electronic prescribing (e-prescribing) for health care practices and patients.

It also provides an interactive assessment tool to help health care providers determine if the electronic medical records (EMR) software they have in their offices — on any software programs they may be thinking about implementing — will meet nationally recognized e-prescribing standards, according to the AOA HITT Committee.

The Web site was developed by the Center for Improving Medicare Management in conjunction with leading health care profession organizations.

The AOA has collaborated with the center to provide a dedicated Web page for optometry.

While many health care practices have patient record software programs that offer

e-prescribing capabilities, many may not meet National Council for Prescription Drug Programs (NCPDP) standards, which will be increasingly required over the coming year, AOA HITT Committee Chair Fran McVeigh, O.D., noted.

NCPDP standards require e-prescriptions to be transmitted from health care practitioners to pharmacies electronically. However, many EMR programs actually transmit prescriptions as computer-generated faxes — a process that does not meet the latest NCPDP standards, Dr. McVeigh noted.

Legislation passed by Congress as this *AOA News* went to press authorizes incentives for e-prescribing under Medicare Part D, which will take effect Jan. 1, 2009.

That legislation will require all Medicare Part D e-prescriptions meet the latest NCPDP standards and will effectively prohibit the use of computer-generated fax prescriptions under Medicare Part D, Dr. McVeigh emphasized.

"Most EMR users are unaware that they are generating faxes that arrive on paper at the pharmacy's fax machine. These computer-generated, faxed prescriptions

will not be in compliance with the anticipated new Medicare regulations," noted AOA HITT Committee Board Liaison Dori Carlson, O.D.

The Electronic Prescribing Readiness Assessment Web site offers separate interactive assessment tools for optometrists who already have EMR or e-prescribing software in their practices and for those who do not.

Leaders in both the public and private health care sectors are encouraging the use of e-prescribing as part of an effort to improve the safety and efficiency of the prescribing process and reduce patient risk, Dr. Carlson noted.

However, electronic prescribing can also hold a number of benefits for practices.

Most notably, it can allow a practice to establish a two-way electronic connection with pharmacies in the area. That means a pharmacy can electronically transmit requests for prescription renewals to a practice.

"This can greatly reduce the volume of requests that practice staff manage by fax or phone saving significant time each day," Dr. Carlson said.

The Web site for optometry is [www.GetRxConnected/Optometric](http://www.GetRxConnected/Optometric).



# ODs of the Year reflect dedication to profession

## **NORMAN JOHNSON, O.D.** **Alabama Optometric Association**

Dr. Johnson is a 1980 graduate of the University of Alabama at Birmingham School of Optometry. He currently practices with EyeCare Associates in Scottsboro, Ala., where he gives freely of his time participating in many community vision screenings and health fairs and educating students about vision within the local schools. Dr. Johnson serves as a Keyperson to his local representative and senator, where he has been involved in local and legislative election campaigns over the years. On the federal level he served on the Statutory Scope Committee, the Fast Force Project Team, and the State Governmental Relations Executive Committee. He is currently serving on the Federal Legislative Committee. Dr. Johnson is a longtime volunteer with VISION USA, a Gold-Level contributor to the Alabama Optometric Political Action Committee, including serving on its board from 1995-2001, serving as chair of this board from 1998-2000, and is a regular contributor to AOA-PAC. He served on the ALOA Board of Directors from 1997-2002 and was president of the organization in 2000-2001. Dr. Johnson is currently the ALOA's Federal Relations Committee chair.



## **ANNETTE HANIAN, O.D.** **Arizona Optometric Association**

Dr. Annette Hanian was the first Young Optometrist of the Year for Arizona. She has been on the AZOA Board of Directors since 1998, serving as director, secretary-treasurer, vice president, president and immediate past president. She was the AZOA Membership chair from 1995-1998 and is currently serving as



represents InfantSEE® providers

chair of the Legislative Committee. Dr. Hanian was on the AOA President's Council Project Team in 2003, the President's Council from 2002-2004, and the AOA Healthy Eyes Healthy People® Committee from 2002-2003. She participates in VISION USA and AOA-PAC and currently has her own private optometric practice.

## **HARRY HARRELL, O.D.** **Arkansas Optometric Association**

Dr. Harrell graduated from the Southern College of Optometry in 1972 and returned to Jonesboro to practice. He operates Harrell Eye Clinic as a VISION USA and InfantSEE® provider. Dr. Harrell provides vision screenings to the Arkansas State University athletic department, donates screenings and exams to the Lions Club, and provided vision care to Hurricane Katrina victims that relocated to northeast Arkansas. Dr. Harrell joined the Arkansas Optometric Association in 1972, served on its state board of directors from 1996-1998, and was the president from 1995-1996.



Dr. Harrell was the chair of the Past President Council of the Arkansas Optometric Association from 2003-2005 and received the 2007 Arkansas Optometrist of the Year Award.

## **CMDR. REGINA O'NAN** **Armed Forces Optometric Society**

Dr. Regina O'Nan was the recipient of the Armed Forces Optometric Society's 2007 Optometrist of the Year Award. Dr. O'Nan recently returned from Kuwait as the sole military ophthalmic provider supporting forces in Kuwait, Djibouti, Qatar and forward-deployed ships in the Persian Gulf. Before her deployment, she served as executive leader of a branch health clinic delivering medical and dental care to active duty service members and emergency medical



services to Naval Air Station, Jacksonville. Dr. O'Nan completed her residency in hospital-based optometry at Lexington VA Medical Center in 1992, served as staff optometrist at the Naval Hospital in Yokosuka, Japan, from 1992-1995, and was the head of the Optometry Department at the Naval Hospital in Millington, Tenn., from 1995-1997. Dr. O'Nan is a Fellow of the American Academy of Optometry and was a clinical examiner of the National Board of Examiners in Optometry in 1998, 1999 and 2004. In addition, she completed a Fellowship in Optometric Clinical Management at SUNY State College of Optometry in 2003.

## **KENNETH LAWENDA, O.D.** **California Optometric Association**

Dr. Kenneth S. Lawenda graduated from the Southern California College of Optometry 38 years ago and since then has been dedicated to his profession and community. In 1984, Dr. Lawenda was selected by the Los Angeles Olympic Committee to be Chief of Optometry's services at the UCLA polyclinic, which serves Olympic athletes. For the past 20 years, he has been on the allied medical staff at Cedars, clinic chief for six years, and chief of optometry at Cedars for the past five years. In addition to being a volunteer optometrist, Dr. Lawenda is a regular monetary donor for the California Vision Foundation. He is politically active in the field of optometry, attending fundraisers for candidates both statewide and nationally.



Dr. Lawenda has been a longtime member of the Los Angeles County Optometric Society and served as president from 1998-99. He was voted onto the California Optometric Association's Board of Trustees as a trustee, then as secretary-treasurer, then as president-elect, and in 2006 as the COA president.

In 2007, Dr. Lawenda was the recipient of the COA's



**Immediate Past President Kevin Alexander, O.D., Ph.D., presents the Optometrist of the Year Award to Linda Johnson, O.D., of Mississippi at Optometry's Meeting® in Seattle.**

Optometrist of the Year Award. Recently, Dr. Lawenda was appointed by the AOA Board of Trustees to be a director for California for AOA-PAC and to be the COA's 2009 Speaker of the House of Delegates.

## **JULIA D. KIMBALL, O.D.** **Colorado Optometric Association**

Dr. Julia Kimball attended optometry school at the University of California at Berkeley. She has participated in, planned, and funded, at her own expense, more than 18 vision clinics in developing countries around the world. Dr. Kimball served on the board of Help the World See, an organization that sets up clinics in developing countries to allow low-cost eye exams and eyeglasses for the needy. She has also been a participant in all of Colorado's charity vision screenings; including VISION USA and being an AOA InfantSEE® program provider. In 1994, Dr. Kimball volunteered in the AOA booth at the AARP meeting in Denver where she had the opportunity to interact with seniors and answer their questions. She spent two years as a COA trustee from 1997-99, and was president in 2000. Dr. Kimball has served as chair for various COA committees such as the Long-Range Planning Committee, the Resolutions Committee, the Bylaws Committee, and the Awards Committee. In both 1994



and 1995, Dr. Kimball was nominated for the COA Young Optometrist of the Year Award. She received the award in 1995 and was the nominee for the AOA Young Optometrist of the Year Award in 1997. For her leadership to the COA, Dr. Kimball was awarded the Optometrist of the Year Award in 2006.

## **ALAN ROUSH, O.D.** **Indiana Optometric Association**

Dr. Roush received his Bachelor of Science and Doctor of Optometry from Indiana University. Following his graduation, he joined his father and brother in the practice opened by his father. He served as president of the Indiana Optometric Association from 2001 to 2002. During this time he coordinated the development of a handbook on private practice associateship. Dr. Roush has served in all executive offices of the IOA. In 2004, he received their Distinguished Service to Optometry award and the Meritorious Service to Optometry award in 2006.



In 2007, Dr. Roush was the recipient of the Indiana Optometric Association's Optometrist of the Year award. In addition, he was president of the Northeast Indiana Optometric Society for two years and is a participant in the VISION USA and InfantSEE® programs.

*see ODs, next page*





## AWARDS

### ODs of Year

from page 10

#### DALE K. COLE, O.D. Kansas Optometric Association

Dr. Dale Cole graduated from the University of Houston College of Optometry in 1969. He then served as an optometrist at the Walter Reed General Hospital and Ft. Leonard Wood while in the Army from 1969-1971. Dr. Cole began private practice in Salina, Kan., and eventually retired in 2006. During his career, Dr. Cole was a longtime member of the Eye Care Council and a VISION USA provider. In addition, he served as co-director of VOSH-Kansas for 20 years and spent 10 years on the VOSH International board, completing 23 missions all over the globe. He was the unofficial photographer of the Kansas Optometric Association and served on the board of directors. Over the course of his 35 years of practice, Dr. Cole was able to encourage six of his patients to become optometrists, two of whom became partners in his practice.



#### FREDDIE M. MAYES, O.D. Kentucky Optometric Association

In his more than 20 years of service to optometry, Dr. Mayes has been a leader in optometry's efforts at the state and national levels. He serves as the AOA-PAC representative for Kentucky, works on the AOA Information & Membership Services Group, is the current chair of the AOA Membership Development Committee and has represented Kentucky as a delegate at the AOA Congress for many years. His work on behalf of the profession was recognized in 2007 when he was awarded the KOA Optometrist of the Year. Dr. Mayes has held all elected



offices of the Kentucky Optometric Association and was president in 2004. He currently serves on the KOA's Budget, Congress, and Bylaws Review committees, is the KOA's Medallion Fund Advisor, and a trustee on the Kentucky Optometric Foundation Board.

As a longtime supporter of KOA PAC and AOA-PAC, he serves as a Keyperson to Kentucky Rep. Brent Yonts and U.S. Congressman Ron Lewis and attends the AOA Congressional Conference each spring to call on Kentucky congressman on behalf of optometry. Dr. Mayes currently practices in Central City, Ky., where he gives free eye examinations as part of the Kentucky Vision Project and InfantSEE®. He makes annual visits to his alma mater, the UAB School of Optometry, where his son Wes graduated in 2007 and his son Tyler is currently enrolled.

#### TIMOTHY J. BARRY, O.D. Optometry Association of Louisiana

Dr. Timothy J. Barry graduated from the University of Alabama at Birmingham School of Optometry in 1994. Following his graduation, he opened a private practice in Jennings, La., where he continues to practice today. Dr. Barry, along with two other optometrists, is responsible for the founding of The Acadiana Optometric Round Table (A.O.R.T.A.), which is a fellowship of optometrists who provide practice coverage for fellow optometrists in times of need. He has been a member of the OAL board since 1998, and in 2003 he joined the executive board and served as chair of the Membership and Mentoring Committee for three years. Dr. Barry serves as co-chair for the Special Olympics Opening Eyes Program, and in 2002 and 2006



provided eye care and spectacles at the OAL's Nicaragua Mission Clinic in Grenada, Nicaragua. In August of 2005, he volunteered for the AOA's Sports Vision screenings at the AAU Junior Olympics in New Orleans. In addition, Dr. Barry served as president of the OAL from 2006-2007, has been the Louisiana Delegate at five AOA Congresses, is the current AOA-PAC and OAL-PAC chair and sits on the AOA State Government Relations Committee. As well as being the immediate past-president of the OAL, he was also its 2007 Optometrist of the Year.

#### LORI A. SPORTELLI, O.D. Maryland Optometric Association

Since her arrival in Maryland in 1999, Dr. Sportelli has been active in the Maryland Society for Sight (MSS) and served on its Board of Directors in 2002. She graduated from the Pennsylvania College of Optometry in 1995 and has spent the majority of her career with the Wal-Mart Vision Center, where she currently works in Baltimore, Md. Dr. Sportelli is a VISION USA and InfantSEE® provider and annually provides eye examinations for Special Olympics athletes in Maryland. She has served on the Board of Directors for VOSH since 2003 and is currently the co-director of Haiti operations and head of the New Member Division. As a board member of the MOA, she encourages her peers to donate to MOA-PAC, to which she consistently donates annually. In 2002, she was awarded the Young Optometrist of the Year award by the MOA, and in 2007 was named Optometrist of the Year.



#### MARK COOK, O.D. Michigan Optometric Association

After graduating from Southern College of Optometry in 1978, Dr. Cook opened his private practice in Brighton, Mich., where he has continued to practice since. During his tenure on the MOA board, he has served not only as trustee, but also all offices. Dr. Cook has been chair of the Education Division, Professional Development Division, Administrative Division and the State Affairs Division. From 2002 to 2006, he sat on the Finance and Resource Management Committee. Two of the most significant accomplishments during Dr. Cook's tenure were the passage of the Oral Therapeutics bill and the agreement with Blue Cross Blue Shield of Michigan to reimburse optometrists for medical services.

From 2005 to 2006, he served as chair of the MOA state PAC. Dr. Cook also diligently campaigned to help elect Rep. Mike Rogers to the U.S. House. He is the current chair of the state AOA-PAC committee. Every year Dr. Cook likes to participate in the Project Healthy Living Health Fair in Brighton performing vision screenings and public education. He is also an active member of VOSH Michigan, having been a board member since 2001 and serving as president from 2003 to 2005. Dr. Cook has participated in more than 10 missions to Costa Rica, Mexico, Honduras and Peru, helping to bring vision and eye health care to more than 12,000 underprivileged people.

In addition, Dr. Cook volunteered for a 30-day mission aboard the hospital ship USNS Mercy, which was routed to Indonesia to provide health care support in conjunction with Project HOPE following the tsunami disaster in the Indian Ocean. Dr. Cook has continually exhibited his concern for others through his involvement in the AOA's InfantSEE® program and Vision USA.



#### TIMOTHY WINGERT, O.D. Missouri Optometric Association

Dr. Timothy Wingert attended the Illinois College of Optometry and is associate director of public health for the AOA. He has served as professor, chief of Primary Care Service, and deputy director of clinics at the University of Missouri-St. Louis, College of Optometry. Dr. Wingert has served as a member of the AOA Commission on Ophthalmic Standards and the Multidisciplinary Practice Section. He was named a Fulbright Scholar in 2006, served as acting director of the AOA Clinical Care Group from 2003-2004, and was contributing editor of the *Journal of the American Optometric Association* from 1994-99. In addition, he is currently contributing editor for the *Journal of Optometric Education*, and a member of the MOA Board's Governmental Affairs Committee. Dr. Wingert has served in various positions throughout the MOA, such as secretary, 2000-01; treasurer, 2001-02; president-elect, 2002-03; and president, 2003-04. In 2007 he was appointed by the governor to the Missouri Children's Vision Commission.



#### CRAIG MCCORMICK, O.D. Nebraska Optometric Association

Dr. McCormick received his optometry degree from the Indiana University School of Optometry in 1983.

He currently practices at the Holdrege Family Vision Clinic with Dr. Wayne Quincy and Dr. Carla Ericksen.

In 2006, Dr. McCormick served on the AOA Nominating Committee and addressed the issue of change to the AOA nom-



see ODs, next page



## ODs of Year

from page 11

inating and election process. Dr. McCormick is also an active member of the NOA Board of Directors and served as chair of the Political Involvement Committee. In addition, he has been involved in the NOA's Membership Development Committee, the Eyeball Open Golf Committee, the See to Learn Committee, and chair of the Legislative Committee.

### HARVEY RICHMAN, O.D. New Jersey Society of Optometric Physicians

Dr. Harvey Richman graduated from the New England College of Optometry in 1991 and was the student liaison to the College of Optometrists in Vision Development (COVD) for two years during his attendance. Dr. Richman has been a VISION USA doctor since his graduation, an InfantSEE® provider, and a provider of complete eye care pro bono to orphaned children locally. He has also written articles for local family newsletters, newspapers and senior citizen magazines. As a proponent of paraoptometry, he has offered courses on optometric care, low vision services, and billing options to paraoptometrists, in addition to serving as a presenter for the AOA Paraoptometric Section. Dr. Richman joined the NJSOP after graduating in 1991 and in 1997 was the recipient of the Young Optometrist of the Year award.

He founded the NJSOP's Low Vision Committee and affiliated it with the AOA's Low Vision Rehabilitation Section (LVRS). For Dr. Richman's service on the Board of Directors, he received the Distinguished Service Award. Dr. Richman has been an active member of the AOA's LVRS and was present at the first AOA LVRS State Committee meeting in 2000. He currently serves as liaison between the LVRS and the AOA Eye Care Benefits Center.

In 2006, Dr. Richman was appointed to the ECBC and was asked to serve on the Coding Subcommittee for his years of



experience with specialty service coding. It was here that he worked with the Coding Subcommittee to research and recommend online coding software for the membership of the AOA.

### REBECCA WARTMAN, O.D. North Carolina Optometric Society

Dr. Wartman was instrumental in bringing the issue of children's vision needs to the attention of the North Carolina State Optometric Society and worked behind the scenes to develop backing from other groups around the state.

She spearheaded the NCSOS Healthy Eyes Committee and worked on a Healthy Eyes grant to provide uninsured Hispanics with diabetic eye exams.

Dr. Wartman has been a member of the AOA Eye Care Benefits Committee since 2003. She also served as president of the NCSOS from 2001 to 2002.

In addition, Dr. Wartman is a member of the NCSOS Committee on Children's Vision, as well as the committee to obtain legislation for preschool vision exams. She has been a member of the Mountain District Optometric Society since 1997 and was chair for Healthy Vision 2010 from 2002 to 2004.

### DAVID C. BREWER, O.D. Oklahoma Association of Optometric Physicians

After graduating from the Southern College of Optometry in Memphis, Tenn., in 1979, Dr. Brewer returned home to Yukon, became a member of the OAOP and the AOA and opened his own optometry practice. While serving as the president of the Central District of OAOP, he worked closely with optometric physicians and OAOP staff to advocate high standards of vision health care in Oklahoma as one of OAOP's national Keypersons. Dr. Brewer continues active state and national leg-



islative efforts through growing relationships with past and present legislators. His outstanding work is evident as he currently serves as the Centennial Committee chair where he successfully commemorated the OAOP history through a centennial video documenting optometrists' memories. He continues to actively work with the Oklahoma Historical Society to preserve the history of Oklahoma optometry by archiving pictures and documents. As a husband and proud father of two, he worked with Yukon Public Schools' Helping Hands program coordinating the Vision Screening Program for children attending Yukon Public Schools, a program that has now expanded to include local private schools.

### SUSAN G. QUINN, O.D. Ohio Optometric Association

Dr. Quinn has been a member of the AOA since she was a student at the OSU College of Optometry and was a charter member of the AOA Low Vision Rehabilitation Section. As a member of the Ohio Optometric Association, she has served in multiple leadership and committee positions such as the Long-Range Planning

Committee, Motorists' Vision and Vision Standards Committee, and the Awards Committee. She served as coordinator of the Vision USA Project, chair of the Scope of Practice Task Force, and chair for Save Your Vision Week. Dr. Quinn was the recipient of the OOA Outstanding Service Award in 2000 and again in 2006 for her work on scope of practice. She was appointed to the Ohio State Board of Optometry for two terms and served as president for two of the 10 years. Dr. Quinn is also a clinical examiner for the National Board of Examiners of Optometry and a Fellow of the American Academy of Optometry. She currently practices in Athens with associate Dr. Robyn Sargent, and her husband, Dr. Tom Quinn.



### MARIANNE E. BOLTZ, O.D. Pennsylvania Optometric Association

Dr. Boltz is a 1996 graduate of the Pennsylvania College of Optometry and since then has spent much of her time active in the profession's volunteer structure. She was elected to the Pennsylvania Optometric Association's Board of Directors. Dr. Boltz began her service there in 2008 as Division Executive Officer of the Clinical Care Division where she is responsible for the Clinical Care Committee, the Motorists' Vision Committee, the Low Vision Rehabilitation Committee, and the Pediatric Vision Care Committee, which includes the POA's Kids Welcome Here® Campaign. Since 1997 Dr. Boltz has served as an officer for the Central Pennsylvania Optometric Society and was named its Optometrist of the Year in 2007, as well as the POA's Optometrist of the Year that same year. She is committed to improving pediatric eye care in Pennsylvania and does so through her position as a pediatric optometrist and by volunteering for the AOA's InfantSEE® program. Dr. Boltz is a member of the American Academy of Optometry and recently earned her F.A.A.O. at the 2007 meeting in Tampa. She currently is an Assistant Professor of Ophthalmology at the Penn State College of Medicine/Hershey Medical Center and serves as a reviewer for vision-related articles for the *American Family Physician Journal*.

### DAVID WRIGHT, O.D. Texas Optometric Association

Dr. Wright graduated from the University of Houston College of Optometry in 1984. The Texas Optometric Association awarded Dr. Wright with the 2008 Optometrist of the Year Award after many years of service. Dr. Wright practices in both Seminole and Denver City and



had partnered with his father, a former Texas Optometry Board member, until his father's passing.

He is currently on staff at Seminole Memorial Hospital, where he formerly served as Chief of Staff.

### A. SUSAN KEENE, O.D. Virginia Optometric Association

As a result of overcoming the limitations of practicing in a small town, Dr. Keene has achieved recognition for her commitment to her profession and her community.

After earning her doctorate degree from Pennsylvania College of Optometry in 1990, she returned to practice in one of the most underserved areas of Virginia. Dr. Keene participates in community-based vision screening and health fair projects. Most recently, she spearheaded a diabetes awareness statewide project with the Virginia Association of Free Clinics, in which Virginia optometrists provided free services to the "working poor."

As a result of her clinical excellence, she was appointed and served on the Virginia Department of Health Professions' TPA Formulary Committee whose efforts culminated in Virginia optometrists' ability to prescribe virtually every pharmaceutical agent appropriate for the treatment of conditions of the eye and its adnexa and the vision system. Dr. Keene has served as an officer of her local optometric society and the Virginia Optometric Association's Board of Trustees, and currently serves as the VOA's president. She currently serves on the TLC Laser Center National Advisory Board. She practices in Marion, Va., with Smyth County Eye Associates, Inc. where she remains an advocate of optometric legislative advocacy at both the state and national level.



See ODs, next page



# Young ODs hold promise for future of optometry

## Duane Mohon, O.D. Alabama Optometric Association

Dr. Mohon is a 1998 graduate of The Eye Institute of Nova Southeastern University. Dr. Mohon practices primary care and low vision optometry at EyeCare



Alabama, Inc., a two-practice setting in Piedmont and Heflin, Ala. He has served as chair on various committees within the Alabama Optometric Association (ALOA), serves on the ALOA Board of Directors, and cultivates interest in the profession with students interested in pursuing optometry. Dr. Mohon was honored as the OD of the Year by the ALOA in 2007.

## LCDR Brian Hatch, O.D. Armed Forces Optometric Society

Dr. Hatch is a 1999 graduate of Pacific University College of Optometry. Dr. Hatch has served more than eight years as a Navy optometrist and is a Navy Program Manager and provides visual health promotion and preventive medicine leadership. He has



provided leadership for one of four AOA "Keeping Injury Down in Sports" programs. Dr. Hatch has affected instrumental policy enhancements to the ANSI Z87.1 national safety eyewear standard. He has certified more than 175 allied health professionals for the Air Force, Army and Navy active, reserve and guard units. He was named the 2007 AFOS Junior Optometrist of the Year.

## Thomas R. Czyz, O.D. Arizona Optometric Association

Dr. Czyz is a 2001 graduate of the Southern California College of Optometry. He is in private, multi-location practice with his wife in Phoenix and Anthem, Ariz. He was elected to the Arizona Optometric Association Board of Directors in 2005 and concentrated his efforts on eye care benefits and legislation. He provides no-cost eye exams to needy students and participates in other charitable activities. He is committed to the success of the profession and lends insight to colleagues with regard to practice management issues.



## Steven S. Bae, O.D. California Optometric Association

Dr. Bae is a 2001 graduate of Southern California College of Optometry. He has served as president of the Los Angeles County Optometric



represents InfantSEE®  
providers



**Elizabeth Draper Muckley, O.D., of Ohio accepts the Young Optometrist of the Year Award from AOA Immediate Past President Kevin Alexander, O.D., Ph.D.**

## ODs of Year

from page 12

## CRAIG D. MEHLHOFF, O.D. Optometric Physicians of Washington

Dr. Mehlhoff has practiced at Grays Harbor Vision Clinic in Aberdeen with his partner, Dr. Scott Berken, for 28 years. He graduated from Southern California College of Optometry in 1980 and since then has volunteered extensive time and financial support. Dr. Mehlhoff has been a VISION USA provider since the program's inception, and Grays Harbor Vision Clinic, where he practices, is also an InfantSEE® provider. He has been an active member of the AOA since 1976, starting as an AOSA student member at SCCO. From 1996 to 2002, he served on the AOA State Legislation Committee, was a member of the 1996-1997 AOA Nominating Committee, and co-chaired the AOA Rural Health Care Committee for three years. Dr. Mehlhoff received the AOA Optometric Leadership Institute Certificate in 2001. In addition, Dr. Mehlhoff has been a WOA (now OPW) Society president, membership chair, board trustee, and WOA president. In 2002, he was co-chair of the OPW State Legislation Committee and continues to remain a member of its Legislative Committee. He has been honored with the Young Doctor of the Year Award from the WOA, as well as the Doctor of the Year Award from the OPW. Dr. Mehlhoff and his wife,



Pamela, of 32 years have two children; Evan and Renzel.

## JEFFREY L. BYERS, O.D. Wisconsin Optometric Association

Dr. Byers is a 1992 graduate of the Pennsylvania College of Optometry. After graduation, Dr. Byers and his wife, Mary Jo, purchased a private practice in Waupaca, Wis. He is an active participant in the VISION USA and InfantSEE® programs, as well as doing extensive volunteering with local groups. Dr. Byers has been a member of the AOA since 1988 and was awarded the Young Optometrist of the Year Award in 2000. As a member of the Wisconsin Optometric Association since 1992, he has served as its Membership Committee Chair, where he helped to bring membership to an all-time high, and was elected to the positions of secretary, vice president and president-elect of the Board of Directors. In 2004 Dr. Byers became president of the WOA. He also attends the WOA Legislative Day at the Capitol to meet with and educate legislators about optometry. Dr. Byers has been a longtime member of the Wisconsin Foundation for Vision Awareness whose goal is to educate the public on the importance of vision.



Society and is an active member of the Asian American Optometric Association. Dr. Bae serves as a volunteer for various community events, and has participated in numerous medical mission trips. He was named the 2007 California Optometric Association Young OD of the Year.



## Jennifer S. Simonson, O.D. Colorado Optometric Association

Dr. Simonson is a 2003 graduate of The Ohio State University College of Optometry. She is in group practice in Centennial, Colo. She serves in various roles within the Colorado Optometric Association. She is a member of multiple optometric and multi-disciplinary groups within the state. Dr. Simonson fosters optometric interest among potential students, provides volunteer vision therapy to children unable to afford therapy, and raises awareness about the importance of eye care before entering school. She participates in VOSH, InfantSEE®, and the Make-A-Wish Foundation. She was selected the 2007 Young OD of the Year by the Colorado Optometric Association.



## Paul Stauder, O.D. Illinois Optometric Association

Dr. Paul Stauder is a 1998 graduate of the Illinois College of Optometry. Dr. Stauder practices in Fairfield, Ill. He served as president of the Southern Illinois Optometric Society from 2005-2007 and treasurer from 2002-present. He has served on the IOA legislative committee. Dr. Stauder also serves as a peer educator to fellow optometrists. He donates certificates for eye exams and glasses to local schools to provide to schoolchildren.



## Jeffrey D. Gerson, O.D. Kansas Optometric Association

Dr. Gerson is a 1997 graduate of the Indiana University School of Optometry. He practices in various practice settings including the Kansas City VA Medical Center. He is an active member of his local society and the Kansas Optometric Association. He lectures across the country on various topics and is an author of numerous published articles. He is an InfantSEE® and See to Learn® provider. He provides care to the underserved in his



See Young ODs, next page



## Young ODs

from page 13

community, has participated in a mission trip abroad and is active in other community efforts.

### Patricia Ward Adams, O.D. Kentucky Optometric Association

Dr. Adams is a 2003 graduate of the Indiana University School of Optometry. She is a Captain in the Kentucky Air National Guard where she is Chief of Optometric Services for the 123rd

Medical Group. She also practices with her father,

H. Andrew Ward, O.D., in Owensboro, Ky. She is co-founder of VOSH KY and serves as vice president of the chapter. She currently serves on the KOA Benefits Committee and is a regular contributor to the KOA and AOA-PACs. Dr. Adams was awarded the Young OD of the Year award by the KOA in 2007.



### Darby Charles Chiasson, O.D. Optometry Association of Louisiana

Dr. Chiasson is a 1999 graduate of the Southern College of Optometry. He has a private practice in Cut Off, La. In 2000, he became the Gulf Zone Chair for the Optometric Association of Louisiana. He has become a contact for his local state representative and senator. Dr. Chiasson served as OLA president in 2005. His presidency was marked by his leadership through the state's devastation by Hurricanes Katrina and Rita. He actively participates in a variety of community events to promote awareness of eye health and visual welfare for all ages.



### Alan S. Bishop, O.D. Maryland Optometric Association

Dr. Bishop is a 1994 graduate of Nova Southeastern University College of Optometry. He practices as sole owner at Easton Eye Care in Easton, Md. Dr. Bishop has served as president of the Eastern Shore Optometric Society and served as a member of the Maryland Optometric Association's Board of Directors. Dr. Bishop contributes articles to local newspapers, participates in health fairs, and provides vision care to underserved populations through VISION USA and InfantSEE®.



### Teresa Seim, O.D. Michigan Optometric Association

Dr. Seim is a 1997 graduate of the Michigan College of Optometry and completed a primary care residency the following year. She also completed an international teaching fellowship in the Netherlands. She launched a solo practice in Matawan, Mich., in 2003. Dr. Seim served as president of the Michigan Optometric Association in 2007. She is a VOSH volunteer and provides discounted products and services to people who do not have insurance and works with local schools to provide eye care services for children in need.



### Arthur R. Dampier, O.D. Mississippi Optometric Association

Dr. Dampier is a 1997 graduate of Southern College of Optometry. He is in private practice in Ridgeland, Miss., where he specializes in specialty contact lenses. He is an active member of the Mississippi Optometric Association and Board of Directors. He is president of the Mississippi branch of the National Optometric Association. He participates in numerous programs that target underprivileged adults and children.

### James M. Hunt, O.D. Missouri Optometric Association

Dr. Hunt is a 1999 graduate of the Inter American University of Puerto Rico School of Optometry. He owns Vision Improvement Clinic, LLC in Doniphan and Piedmont, Mo. Dr. Hunt serves as a trustee of the MOA and is a past president of the Southeast Optometric Society. He is on the consulting staff at Ripley County Memorial Hospital with hospital privileges. Dr. Hunt was awarded the Leadership Award for academic excellence during optometry school and was named the MOA's Young OD of the Year in 2007.



### Jeff Klein, O.D. Nebraska Optometric Association

Dr. Klein is a 1999 graduate of the University of Houston College of Optometry. He manages a three-doctor practice. He has served as president of the Northeast Society of the Nebraska Optometric Association, is an AOA-PAC member and contributor, an InfantSEE® provider, See to Learn promoter, and was recently elected to the NOA Board of Directors.



### Jason K. Rhynes, O.D. Oklahoma Association of Optometric Physicians

Dr. Rhynes is a 2002 graduate of Northeastern State University College of Optometry. He practices at Clay Eye Clinic in Durant, Okla. He has served as an OAOP board member, and volunteers his optometric skills and training to Medical Mission. He also participates in community health fairs, is a See to Learn provider and works with parents and children through Smart Start Durant.



### Daniel F. Russell, O.D. Pennsylvania Optometric Association

Dr. Russell is a 1999 graduate of the Pennsylvania College of Optometry. He has been an active member of the Southwestern Optometric Society including serving on its Board of Directors. He also currently serves on the Pennsylvania Optometric Association's Board of Directors and serves as strategic plan mentor. Dr. Russell is an acting chief at the Van Zandt Veterans Administration Medical Center in Altoona, Pa., and piloted a teleretinal research program with Harvard Joslin Diabetic Center and the Boston VAHS. He was recognized as the 2006 Young OD of the Year by both the Southwestern Optometric Society and Pennsylvania Optometric Association.



### Anthony Tran, O.D. Texas Optometric Association

Dr. Tran is a 2002 graduate of the University of Houston College of Optometry. He completed a residency in hospital-based primary care the following year. Dr. Tran is the founder/clinical director of CustomEyes Vision Care in Cedar Hill, Texas. He has served on numerous committees within the Texas Optometric Association, served as president of the Dallas County Optometric Society in 2006-2007, and was a clinical examiner for the National Board of Examiners in Optometry in 2006. Dr. Tran is a published author and has given numerous lectures and presentations. He was awarded the TOA Young OD of the Year honor in 2008.



### Abigail Neal, O.D. Optometric Physicians of Washington

Dr. Neal is a 1999 graduate of Pacific University College of Optometry. She completed a residency the following year. Dr. Neal practices at the Pacific Cataract and Laser Institute. She is an active member of her local and state optometric associations. She has provided volunteer care in her community and presented various lectures to health care professionals outside of optometry. Dr. Neal is also an active participant in the state's legislative efforts.



### Ann Marie Wonderling, O.D. Wisconsin Optometric Association

Dr. Wonderling is a 2003 graduate of the University of Alabama-Birmingham School of Optometry. She completed a residency in pediatrics the following year. She practices with her father, Dr. Richard Foss, in LaCrosse, Wis. She served as president of the Gateway Optometric Society in 2005 and serves on various committees within the Wisconsin Optometric Association. She meets the needs of underserved populations as an InfantSEE® and VISION USA provider and set up a scholarship for low-income patients who need vision therapy. She is a volunteer for various community events and has participated in several VOSH trips.







## SPOTLIGHT ON AOA MEMBERS

# Moon honored for public service with Sullins award



**Dr. Moon is congratulated by Scott Jens, O.D., chair of the InfantSEE® Committee.**

The AOA InfantSEE® program named Marla Moon, O.D., of State College, Pa., its third Dr. W. David Sullins, Jr. Award recipient.

The Sullins Award recognizes an individual OD who has made significant contributions to optometry and public service involving the InfantSEE® program.

Dr. Moon was honored for her achievements during the Dr. W. David Sullins, Jr. InfantSEE® Award presentation in the AOA House of Delegates on Friday, June 27 at Optometry's Meeting®.

Dr. Moon is dedicated to pediatric vision care, both in her community and in organized optometry.

She is a graduate of the Pennsylvania College of Optometry with specialized residency training in pediatrics and binocular vision rehabilitation.

As the principal partner of Nittany Eye Associates, Dr. Moon concentrates her practice on pediatrics, geriatrics, special needs patients, vision and learning issues and vision rehabilitation care.

Prior to including InfantSEE® in her practice, Dr. Moon recognized children as an underserved patient population. She worked to improve pediatric vision care in her state and was active in developing the Kids Welcome Here® program, which educates the public about the importance of regular vision care for children.

When InfantSEE® was initially proposed, Dr. Moon recognized the complements InfantSEE® and Kids Welcome Here® could provide in educating parents about the continuity of care for children.

As Pennsylvania's InfantSEE® State Leader, Dr.

Moon has supported and encouraged active InfantSEE® involvement by:

- ❖ Recruiting optometrists by visiting local societies to reach 40 percent membership enrollment and achieve the AOA's Excellent Enrollment Grant
- ❖ Setting up a network of agencies that distribute InfantSEE® brochures including early intervention groups, Head Start health programs, and county services
- ❖ Co-developing an education program for the Pennsylvania Paraoptometric Association to prepare support staff for InfantSEE® involvement
- ❖ Serving as a consultant to fellow optometrists in answering questions about examinations of infants and children
- ❖ Lecturing extensively on InfantSEE® to various groups.

## Arkansas optometrists use AOA materials for community outreach

Optometrists in Arkansas are using the AOA Ready for School materials to build relationships with school nurses and Head Start Agencies statewide. A team has been formed to present components from the member kit (pads of parents' and children's handouts and sticker sheets) to school nurses. The new AOA ocular emergency card will also be included.

A pdf of the activity sheets and a letter from the Arkansas Optometric Association president will be e-mailed to over 500 Head Start agencies and state funded pre-k programs. These programs serve over 30,000 children. These agencies will be invited to include AOA information in their newsletters and ArOA will also include it on their Web site.

Not yet requested a kit for your office? It's not too late. Simply send an e-mail to [publicrelations@aoa.org](mailto:publicrelations@aoa.org). Please provide your name, member number and mailing address. Kits will be mailed immediately.

### Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to [RAFoster@aoa.org](mailto:RAFoster@aoa.org).



**Arol R. Augsburger, O.D., of Chicago, left, recipient of AOA's 2008 Distinguished Service Award is congratulated by AOA Immediate Past President Kevin Alexander, O.D., Ph.D. Recipients of the AOA Distinguished Service Award are honored for unusually significant contributions to the profession of optometry. In 1994, Dr. Augsburger accepted the position of dean at the University of Alabama at Birmingham School of Optometry. During this time, the School of Optometry grew to be the second largest on the university campus. In 2002, he became president of the Illinois College of Optometry. Dr. Augsburger has served on the Board of Trustees of the Ohio Optometric Association and currently serves on the legislative committee of the Illinois Optometric Association (IOA), which awarded him the IOA's Keyperson of the Year award in 2005. He has been recognized as Optometrist of the Year by the state associations in Ohio, Alabama and Illinois.**



# Opening speaker describes pursuit of ‘Happyness’

Christopher Gardner has had a life of extremes, working for some of the top brokerage firms in the country while sleeping under his desk because he was homeless. He also was the subject of the Will Smith film, “The Pursuit of Happyness.”

In the Opening General Session of Optometry’s Meeting®, Gardner pulled back the curtains on both periods of his life. His appearance was sponsored by Essilor of America and he was introduced by Rod Tahrán, O.D., the company’s vice president of professional relations/clinical affairs.

“When the biggest movie star in the world does a movie about you, it gets strange,” Gardner said. “Every time I see that movie I think, ‘It took them \$70 million to recreate what I did with nothing.’”

Gardner entered the public eye with a Barbara Walters interview that aired on a Friday night. By Monday morning, his phone was ringing. Every talk show in the country wanted him as a guest; he declined those offers. And “Hollyweird,” as he calls Tinseltown, had some bizarre ideas of what to do with his story. One offer was a reality show in which homeless people were taken off the streets, cleaned up and given a job. Gardner would be the judge of which person had made the most of their lives and they’d win a \$500,000 home and \$500,000 in cash.

“I cannot repeat in public what I told that man, but essentially, I said, ‘Homelessness is not a game. But if you think it is, I’ve already won, so just send me the money.’”

## Wall Street beckons

Homelessness was a way of survival and of breaking a cycle. Gardner grew up without a father. His stepfather told him every day, “I’m not



**Christopher Gardner, subject of “The Pursuit of Happyness.”**

your daddy. You don’t have a daddy.” He vowed at a young age that his children would know him, no matter what it took.

And it took a lot. Sleeping in train stations, in homeless shelters, in public parks, in \$10-a-night hotels. It meant feeding his son while going hungry himself, or selling his blood to pay for meals. All with his 14-month-old son in tow. (In the movie, Chris Jr. was portrayed as older, so there could be interaction between the father and son.)

Gardner’s early career looked bright, before “life happened.” After a stint in the Navy, he worked with Robert Ellis, M.D., a noted surgeon. He co-wrote papers for scientific journals and climbed the career ladder. He fell in love and became a father, “the most important, precious, loving thing in my life.”

Then the trouble started. He left science to go into sales. One day, visiting a client, he saw a man in a Ferrari looking for a parking place. “I said, ‘I’m pulling out and you can have this one. But two questions: What do you do and how do you do it?’”

Gardner began visiting the stockbroker, picking his brain and racking up a series of parking tickets in San Francisco’s financial district. For a year, he interviewed with the region’s brokerages,

looking for an entry into a training program. “I heard, ‘No. No. No.’ Everywhere I went. People say, ‘Do you think it was racism?’ No. It was another ‘ism.’ Place-ism. I didn’t have a college degree and I wasn’t well connected.”

After a year of interviewing, he finally landed a training position. He quit his job selling medical equipment and turned in his box of supplies. “If my old branch manager were here, he’d tell you I threw it at him. I’ll compromise and say it fell abruptly.”

Gardner showed up for the training position on a Monday morning, only to find that the man who had given him the shot had been fired the previous Friday. With no job, tensions escalated at home.

The fighting began and, after one loud argument, neighbors called police. They ran the license plates, finding \$1,200 in unpaid parking tickets accumulated on his trips to visit the Ferrari-driving broker. He was locked up with a murderer, rapist and arsonist. “I told them, ‘I’m here for attempted murder and I will try it again.’”

He spent 10 days in jail and, from a pay phone there, rescheduled an interview with a broker for 6:30 a.m. the day after he was due to be released.

He knew in his gut what he’d find when he was released. His partner and

baby were gone, the house empty “except for the dust.” Anything resembling business attire was gone, too. He showed up for his interview in jeans and a Members Only jacket.

“I couldn’t think of anything bizarre enough, so I told the truth. Turns out Mr. Costello had been married three times and started telling me stories about his exes.”

Gardner got the job, with its \$1,000 a month pay—enough to rent a room in a boarding house. By day, he’d dial the phone, cold-calling 200 potential clients a day. At night, he’d study. One night, his ex showed up with the baby in tow. “She said, ‘I can’t do this anymore. It’s your turn.’”

## Out on the streets

The boarding house didn’t allow children, and Gardner found himself and his son immediately homeless.

He and his son began moving around, from homeless shelter to hotel to the streets. Each morning, he’d pack his son, stroller, clothes and a briefcase. He’d wear one suit and carry the other over his shoulder.

After a year of living on the streets, Gardner scraped together enough to rent a home. After sleeping on the

floor the first night, his son was confused. Why didn’t they gather up all their belongings and take them along as they had for the past year? “I can’t tell you what it felt like to say, ‘we’ve got a key now.’”

## Finding ‘happyness’

He was recruited by Bear Sterns, and things finally began to turn around. “He asked about my salary. I said the biggest, most obscene figure that would come out of my mouth: \$5,000. He said, ‘Here’s an advance. Go buy some new clothes.’ I went out and bought my first two pin-stripe suits—one blue, one gray.”

Keeping his eye on the main goal allowed Gardner to endure no matter what came his way. While he’s clearly pleased that the movie earned Will Smith an Academy Award nomination and was seen by 1 billion people and that his book stayed on the *New York Times* bestseller list, his proudest accomplishment is the legacy he left his family.

“I probably won’t be here to see my great grandchildren,” he said. “But because I broke that cycle (of absent fathers), that will be my greatest contribution to my family, my community and this country.”



**Christopher Gardner**

# LVRs honors 2008 award winners

The winners of the Low Vision Rehabilitation Section Vision Care and Distinguished Service awards were presented at the 2008 LVRs Annual Awards Reception, held in conjunction with Optometry's Meeting®.

The LVRs Vision Care Award is given to a doctor of optometry who has demon-

strated exceptional services to the community and the field of low vision services. This year's recipient is Susan R. Gormezano, O.D.

Dr. Gormezano is currently the director of the Low Vision Rehabilitation Service for the Department of Rehabilitation at William Beaumont Hospital in Troy,

Mich. She also directs Low Vision Associates PC, a private practice devoted to low vision rehabilitation, in Bingham Farms, Mich.

The LVRs Distinguished Service Award is given to a non-optometric colleague or organization for major contributions to the advancement of low vision care and exception-

al service to the community and the field of low vision. This year's recipient is Lylas G. Mogk, M.D.

Dr. Mogk is currently the Medical Director of the Henry Ford Visual Rehabilitation Centers and chair of both the American Academy of Ophthalmology Vision Rehabilitation Committee and

the Michigan Network for Vision Rehabilitation of Seniors.

Dr. Mogk's previous awards include the American Academy of Ophthalmology's Secretariat Award and the Literature Award from the Association for the Education and Rehabilitation of the Blind and Visually Impaired.

## Study bolsters case for low vision intervention

A major multicenter clinical trial affirming the effectiveness of low vision rehabilitation for patients with macular disease was recently published in the *Archives of Ophthalmology*.

The Low Vision Intervention Trial (LOVIT) "provides the first compelling evidence using scientifically rigorous methods that low vision services are highly effective," said lead author and past chair of the AOA Low Vision Rehabilitation Section (LVRs) Joan A. Stelmack, O.D., MPH.

The treatment group showed significant improvement in all aspects of visual function.

The difference in mean changes was 2.43 log odds ratio (logits) for visual reading ability; 0.84 logit for mobility; 1.38 logits for visual information processing; 1.51 logits for visual motor skills; and 1.63 logits for overall visual function.

The study also highlights the need to treat vision impairment immediately because of the decline in function seen in the control group over the four month follow-up period.

The study included 126 patients, 98 percent of whom were white and male. The patients were referred from eye or low vision clinics and blind rehabilitation centers with a visual acuity in the better-seeing eye worse than 20/100 and better than 20/500. All were eligible for

Veterans Affairs (VA) services.

Interventions included low vision exams, counseling, and prescription and provision of low vision devices and weekly sessions provided by a low vision therapist to teach use of assistive devices and adaptive strategies to perform independent daily living tasks.

The study demonstrates that low vision services should be offered to patients as early as possible, according to Dr. Stelmack.

"The waiting list control patients demonstrated a decline in visual ability from baseline to the four-month follow-up," she said. "Justification exists for at least 10 hours of LV therapy, a home visit and assigned homework to encourage practice for patients with moderate and severe vision loss from macular diseases."

The low vision services provided in LOVIT are covered by Medicare under the Evaluation and Management Codes if they are provided by optometrists or ophthalmologists, and vision rehabilitation therapy is covered when provided by occupational therapists.

While the VA covers the cost of prescribed low vision devices for eligible veterans, Medicare does not currently cover low vision devices (which includes microscopes, hand and stand magnifiers, CCTV's, and other treatment options).

The study could be

important in demonstrating the value of these options to Medicare and other insurance providers.

"In general terms, if in the future Medicare considers coverage of what are currently non-covered prescribed treatment options, this study demonstrates the value of access to, and receiving, both materials and services and could be used to support such coverage decisions for CMS beneficiaries," said LVRs Chair Lori Grover, O.D.

Grover also said the study was a landmark in terms of demonstrating the importance of the continuum of vision rehabilitation care and the team approach.

"This particular study showed the largest effect change score of any clinical trial examining the treatment of ophthalmic disorders in the past 20 years," said Dr. Grover. "We now have research that demonstrates what optometry's been advocating all along."

Contact the International Library, Archives and Museum of Optometry at [ILAMO@aoa.org](mailto:ILAMO@aoa.org) for a copy of *Outcomes of the Veterans Affairs Low Vision Intervention Trial (LOVIT)* Joan A. Stelmack, O.D., MPH; X. Charlene Tang, M.D., Ph.D.; Domenic J. Reda, Ph.D.; Stephen Rinne, M.A.; Rickilyn M. Mancil, M.A.; Robert W. Massof, Ph.D.; for the LOVIT Study Group *Arch Ophthalmol.* 2008;126(5):608-617.



**AOA President Pete Kehoe, O.D., welcomes the 2008-2009 Low Vision Rehabilitation Section officers. From left are Chair Lori Grover, O.D.; Secretary Dawn DeCarlo, O.D.; Member-at-large Pamela Oliver, O.D.; Chair-elect Mark Wilkinson, O.D.; Vice Chair Jerry Davidoff O.D.; and Immediate Past Chair Bruce Rosenthal, O.D.**

## Webinars, online CE on low vision offered

Lighthouse International, a renowned leader in low vision care, vision rehabilitation and professional education, is offering an expanded continuing education program in the field of vision rehabilitation in 2008. Responding to the growing need for easily accessible, multi-level training for a wide range of clinicians, the new courses use Web technology to provide professionals convenient access to learning: 11 "on demand" online courses, 10 timely Webinars and new and updated face-to-face courses form an unparalleled range of offerings.

Always available by special arrangement is Lighthouse International's Responding to the Needs of Your Patients with Vision Impairment (LV12A) course. The hands-on seminar covers functional aspects of vision impairment in older adults and explains the interventions that can improve daily living skills. The program can be presented onsite in an eye care practice for groups of 20 or more.

All courses are taught by recognized national and international faculty such as Eleanor Faye, M.D., medical director of Lighthouse International and surgeon emeritus at Manhattan Eye, Ear and Throat Hospital and Bruce Rosenthal, O.D., chief of the low vision practice at Lighthouse International and immediate past chair of the AOA Low Vision Rehabilitation Section. Continuing education credit is available for eye care and rehabilitation professionals.

For more information contact Lighthouse International at 800-829-0500 or visit [www.lighthouse.org](http://www.lighthouse.org).



## Cheer,

from page 3

American study suggested that over 50 percent of American's over age 45 fear losing their sight more than other physical impairment. Does the public know the role that we as optometrists can play in preventing and limiting vision loss for our patients? Is the public, like the reporter, unaware of what optometry in 2008 looks like? Can the AOA educate the public and really make a difference? Will our public affairs campaign make a difference?

We believe that our efforts have been, and will continue to be, effective but as the head cheerleader for optometry and the AOA for the next year, I challenge every member of our association to become a cheerleader for optometry, every day, with every patient – that translates to the OPPORTUNITY to educate over 50 million Americans per year about their vision, their eye health, the role that you as their optometrist can play in preventing their vision loss and in enhancing their lives through your knowledge and expertise. Take 30 seconds at the end of each exam and educate every patient; they will appreciate it – and you will play a part in raising the public's awareness of the role optometry plays in our health care system, and that will be priceless for our patients and our profession!

And speaking of priceless, I would regret not taking this opportunity to promote the program championed by optometry that, like the eradication of polio in the 20th century – could eliminate amblyopia in the 21st century. Just think, no more 8-, 9- or 10-year-olds coming in for their first exam and you having to tell mom that "it's too late" to fix the bad eye.

If all 3 million babies born in America each year saw their optometrist for their InfantSEE® assessment in their first year of life, and then again at 3 years old; and again before starting school as the

AOA clinical practice guidelines suggest, amblyopia could be effectively eliminated for generations of Americans in the future. Optometry would be the hero in the lives of the hundreds of thousands of children and adults whose opportunities are limited because of their amblyopia or other correctable conditions.

Of course, the bonus of providing an InfantSEE® assessment is the time you spend with mom, educating her on a lifetime of healthy vision for the entire family.

As we all know, moms are usually the health care decision-maker in the family; and like the 50 million opportunities to educate, these 3

million moms per year could exponentially change the perception of the value optometry plays in the entire health care system and the lives of our patients.

As an AOA member, sign up to provide InfantSEE® assessments and actively

promote the program that can save sight and save lives!

InfantSEE® is only one example of the many programs that are championed by the members of the AOA that can change the lives of our patients – young and old.

The question asked by almost every reporter, as well as anyone interested in our profession is: "where do you see optometry in the future?"

To answer that question requires us to not just look at our profession, but also how our profession fits into the health care puzzle from the multiple entities that influence the patients we see, the scope of practice we can provide; as well as the reimbursement or payment we can expect.

The buzz word in health care today is value-driven health care. State, federal and private insurers will demand a

system that allows the patient to choose their providers based on the quality of care provided and the cost to provide that care. In the end, each of these "decision-makers" will influence our profession significantly.

The success of our profession in the future requires a team effort on all of our parts, as well as an understanding that as a profession and as individual optometrists, standing still in the rapidly changing health care environment will not serve optometry or our patients' best interests.

The Optometry 2020 Summits included all organizations within the optometric family, including our significant industry partners. Their

eyewear to solve their visual needs.

Our patients assume that we all are "up to date," yet optometry is the only doctor-level prescribing profession that doesn't have a process to assess whether as a 1984 graduate I have kept up with the changes in our profession over the last 24 years. While this change in the future may not be what WE would prefer, we must remember that our patients, and the payers in our health care system are increasingly demanding a process that proves our continued competence beyond initial licensure.

The AOA mission statement reads: "Advocate for the profession and serve

optometrists in meeting the eye care needs of the public." If the public and the gatekeepers to our health care system require optometry to embrace changes, then as leaders, we must all do our part to help all of our members understand the need so our patients have

full access to optometry, and our members have full reimbursement in a value-driven health care model, all so we can meet the eye care needs of the public.

In a high-quality, value-driven health care system, the use of highly trained and skilled members of our optometric team will be critical.

As the number of managed health and managed vision contracts increase, often our members are making significant business decisions for their practice based on the fear of losing patients, rather than understanding the full economic impact on their practice.

The AOA feels an obligation to help every member better understand the dollars and cents of their practice, as well as the details of those contracts, so the next time

they make a decision to accept or reject a managed vision or health plan – it will be based on solid economic data – rather than fear.

The last area I'd like to address is the importance of intra-optometry referrals. To raise the public and other health professions perception of optometry requires us all to recognize that while we may not offer a particular area of practice expertise in our office, we owe it to our patients to make appropriate referrals whenever possible to enhance the quality of their lives.

Optometrists are arguably the experts in the areas of low vision rehabilitation, sports vision enhancement, specialty contact lenses and vision therapy.

We need to identify our patients who will benefit from the services of our colleagues and make the appropriate referrals. But we must not stop at those obvious optometric referrals.

As an example: If your area of interest or practice setting limits your ability to fully manage glaucoma patients, find an optometric colleague who does actively manage glaucoma patients and make the referral. Your patients will be the winner in that relationship – and optometry will win in the eyes of our patients.

Colleagues, you have my commitment to continue to be your cheerleader for the AOA and optometry for the next year and beyond.

I ask all of you to make the commitment to be an optometric cheerleader with our patients, the public, elected officials, optometric students and potential optometric students.

We are part of the optometric family, and as part of a family we all encourage each other to strive for more, to jump higher - and to be the best we can be.

It's what we must demand from ourselves. It's what our patients deserve.



*The success of our profession in the future requires a team effort, as well as an understanding that as a profession and as individual optometrists, standing still in the rapidly changing health care environment will not serve optometry or our patients' best interests.*

collective wisdom, insight and expertise helped build a roadmap to the optometric future. This roadmap will help our doctors and profession provide the highest quality of care in a cost-effective, value-driven manner.

I'd like to take a few moments to highlight a few of my personal favorites for preferred futures, strategies and tactics that will help you understand how decisions are made by your board and our association.

As professionals, we owe it to our patients and our profession to stay current with the latest in eye care delivery including examination techniques, diagnosis and treatment of disease, counseling for our patients' overall health, as well as recommending and prescribing the most appropriate contact lenses or





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## Medicare,

from page 1

physician cuts, block implementation of a misguided DME accreditation regulation and reduce subsidies for Medicare managed care plans is an important victory in Washington, D.C., for our profession and our patients," said Peter H. Kehoe, O.D., AOA president. "In addition to urging President Bush to sign the bill, the AOA is thanking all our supporters in the U.S. House and Senate — with a special thanks to Senator Kennedy — who heard from and listened to ODs from their home communities. From the moment AOA issued an action alert in

support of the bill, optometrists from across the country were calling Capitol Hill and making a difference."

H.R. 6331 would eliminate an imminent 10.6 percent cut in Medicare payments to doctors and prevent the 5 percent pay cut scheduled to begin Jan. 1, 2009.

The bill would also extend the 0.5 percent positive payment update in effect since January through Dec. 31, 2008, and provide a positive update of 1.1 percent for 2009 while blocking implementation of a proposed DMEPOS accreditation regulation, which would be overly burdensome on optometry.

The key Senate vote was 69 to 30 to end a Republican-led filibuster, with decisive votes cast by Sen. Edward Kennedy (D-Mass.), returning to the Senate for the first time since he began treatment for a brain tumor, and a group of Republican senators identified by the AOA and other groups as potential supporters of the bill.

In the end, nine Republican senators — Mel Martinez of Florida; Saxby Chambliss and Johnny Isakson of Georgia; Arlen Specter of Pennsylvania; Lamar Alexander and Bob

Corker of Tennessee; Kay Bailey Hutchison and John Cornyn of Texas; and John Warner of Virginia — changed previous NO votes to YES votes after hearing from ODs and other providers from their home states during Congress's week-long 'Fourth of July' recess.

Last month, H.R. 6331 overwhelmingly cleared the U.S. House by a vote of 355 to 59. However, the White House and some Senate Republicans opposed the bill, in part because of its payment reductions to Medicare managed care plans.

President Bush has

*"The Senate vote is a victory for our profession and our patients."*

vowed to veto H.R. 6331, though as this AOA News went to press, the White

House had not made a formal announcement.

The AOA Washington office notes that the Senate and House margins indicate that there is sufficient support for a veto to be overridden.

Nevertheless, on behalf of ODs and their patients, the AOA has called on the president to sign the bill without any delay.

The July 9 Senate victory was a remarkable turnaround from the devastating single vote defeat on June 26. However, the week-long national lobbying by the AOA as well as other provider and patient groups was recog-



## GLANCE AT THE STATES

### Rhode Island moves forward with oral pharmaceuticals law

Earlier this month, Rhode Island H.B. 8089/S.B. 2889 became law without the governor's signature making Rhode Island the 47th state where ODs' pharmaceutical authority includes oral medications.

In Rhode Island bills often become law without the governor's signature.

The Rhode Island law authorizes all oral drugs, including controlled narcotic substances other than Schedule I or II. Schedule III narcotics can be prescribed, but are limited to a 72-hour quantity. While there are a few states with limited orals authority, only three states remain without any orals.

"Work on this bill actually began about 18 months ago," said Steve Montaquila, O.D., Rhode Island Optometric Association president. "The AOA State Government Relations Center (SGRC) sent a delegation here, including (now AOA

Trustee) Steve Loomis, O.D.; Gilan Cockrell, O.D., and Sherry Cooper, associate director for SGRC."

In Rhode Island, the Department of Health oversees optometry. "When the state optometric association learned that the Department of Health was planning to revise laws pertaining to optometry, SGRC helped us in rewriting our statute," Dr. Montaquila said.

RIOA Executive Director Tim Bonin was also deeply involved in the legislative effort. In addition, the law puts optometry at the forefront of electronic health records by requiring that all prescriptions written by ODs follow electronic prescribing standards by 2011.

According to Dr. Montaquila, the only significant restriction included in the law is a prohibition on optometrists administering injectable drugs.

nized to have made an important difference.

The AOA Federal Keyperson Program — optometry's grassroots network of doctor advocates — was activated through urgent alerts from the Washington office.

Keypersons, AOA volunteers and concerned ODs from across the country all got involved and called the Capitol Hill switchboard asking to be connected to the office of their senators. In addition, working with affiliate leaders in Florida,

Georgia, Pennsylvania, Tennessee, Texas, Virginia and other states, the AOA worked to do its part to convert several June 26 "NO" votes into "YES" votes on July 9.

"The Senate vote is a victory for our profession and our patients," said Jerald Combs, O.D., chair of the AOA Federal Legislative Action and Keyperson Committee.

"The AOA Advocacy Group thanks our affiliate leaders, volunteers, members and staff as well as our feder-

al Keypersons who responded immediately to the Washington office's call-to-arms on H.R. 6331. We had 10 days to gain votes, and we did it."

"Hopefully, with the additional time that passage of H.R. 6331 affords, Congress will begin to work on a long-term solution to the broken Medicare-SGR payment system without having to again resort to a temporary fix," noted Michele Haranin, O.D., chair of the AOA Federal Relations Committee.

### Call for courses for 2009 meeting now open

The Continuing Education Committee of the AOA is pleased to invite submissions of optometric, paraoptometric, and optometric student education courses at the 2009 Optometry's Meeting® in Washington, D.C., beginning May 7.

Continuing education courses will be held from Wednesday, June 24 through Sunday, June 28, 2009, in the Gaylord National™ Convention Center

Courses submitted cover a wide variety of ophthalmic topics. All abstracts must be submitted electronically via online submission by Aug. 8, 2008.

To submit a course, please visit the AOA Web site,

[www.aoa.org](http://www.aoa.org), and click on the "2009 Call for Courses" icon. Inquiries regarding the Call for Courses can be e-mailed to: [continuing-ed@aoa.org](mailto:continuing-ed@aoa.org).

Submissions must be completed by August 8, 2008, for consideration. Notification of selected courses will be e-mailed to all applicants in early fall.



# Leno keeps 'em laughing



Host of the "Tonight Show," Jay Leno, played host to 2,000 optometrists at the Presidential Celebration, sponsored by HOYA, concluding Optometry's Meeting® on June 28.

In a 90-minute, nonstop routine, Leno riffed on topics such as life in Los Angeles, supersized meals and the people who eat them, out of control celebrities and the latest news.



## Mo. ODs teaching educators about children's vision law

The Missouri children's vision law (S.B. 16) requiring comprehensive eye examinations for children entering kindergarten or first grade in public schools went into effect July 1, just in time for students preparing to start school in the fall.

Students must provide proof of the examination, the cost, the examiner's qualifications, and the method of payment.

The new law also requires vision screenings for students beginning in first and third grades. Students identified as needing further care will be required to see an eye doctor for a comprehensive exam.

"It's an important

advance for the state's children who will now receive comprehensive eye care before starting school," said LeeAnn Barrett, O.D., the interim executive director of the Missouri Optometric Association (MOA). "We're making sure Missouri's children are ready to learn."

The MOA is working to educate parents and schools about the new law.

A back-to-school statewide radio advertising campaign will include the new requirements and will run for two weeks in August.

Optometrists and legislators have also been conducting PowerPoint presentations in schools since the law was first signed in June 2007.

As part of the effort, the MOA helped form the

Children's Vision Commission, which will consist of two optometrists, two ophthalmologists, a school nurse, a school board representative and a department of secondary and elementary education representative.

The commission has appointed the following members:

Deborah K. Cook, R.N.  
Oscar A. Cruz, M.D.  
Roger D. Dorson, Ed.D.  
Michael C. Frier, O.D.  
Timothy A. Wingert, O.D.

The two remaining vacancies are in the process of being filled.

The commission has already developed an official reporting form for children's vision exams, downloadable from the MOA's Web site ([www.moeyecare.org](http://www.moeyecare.org)).



From left, Bruce Brodmerkle, O.D.; Robert Sloan, O.D.; Duane Thompson, O.D.; and David Hoel, O.D., address more than 30 school administrators, teachers, school nurses and county health department supervisors in Chillicothe, Mo.

In addition, customizable letters to administrators and parents are available for optometrists to download.

The commission is also working on standardizing what constitutes appropriate school screenings. School nurses in the state currently perform seven or eight different screenings.

A Healthy Eyes Healthy People® grant will allow the MOA to develop a DVD for school nurses once the screenings are standardized.

Missouri became the second state in the nation, following Kentucky, requiring eye exams for children

entering public schools.

In a survey conducted following the enactment of the Kentucky mandatory children's eye exam law, 13 percent of the more than 5,000 children entering the school system needed corrective lenses, 3.4 percent were diagnosed with amblyopia and 2.3 percent were diagnosed with strabismus.

A third law was enacted in Illinois, which recently went into effect requiring comprehensive eye exams for children entering kindergarten or enrolling for the first time in public, private, or parochial elementary schools.

### NEI Healthy Vision Community Awards Program

The National Eye Institute (NEI) is accepting applications for the 2009 Healthy Vision Community Awards (HVCA) program. This program provides funding up to \$10,000 for the implementation of eye health education and promotion activities that support the Healthy Vision 2010 objectives and the Healthy People 2010 goals to reduce health disparities and improve quality of life. The focus of each program must be eye health education. The 2009 HVCA funds are not intended for research projects or to provide direct medical care.

Nonprofit organizations are encouraged to apply, including community-based organizations and agencies, minority-based organizations, schools, faith-based organizations, civic and fraternal groups, community clinics, local Agencies on Aging, and state and local health departments and agencies. Universities and university affiliations, such as medical centers and schools of optometry and ophthalmology, are precluded from receiving an award directly, but are welcome to collaborate with eligible groups.

All applications must be postmarked by Friday, August 29, 2008. Awards will be announced in January 2009. Visit [www.healthyvision2010.org/news/hvca](http://www.healthyvision2010.org/news/hvca).

Congratulations to the three winners (one each day the Exhibit Hall was open) of the HOYA Home Entertainment System Giveaway: Beatrice Schreiber, Carolyn Clark, O.D., and Lisa Robinson-Neal, O.D.





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**Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.**

## Industry Profile: Liberty Sport

*Your Complete Sports Rx Eyewear Source from F803 Impact Protection to Sun Performance for all sports*

In 2008, we launched "The Liberty Sport Rx Worry Free Liability Guarantee." When a practice purchases one of Liberty Sport's frames and processes the Rx with Liberty Sport Lab, we will indemnify the retailer from any product liability damages, at no additional cost to you.

### Innovative Protective Sports Eyewear

Launched in 2008, F8 is a premium protective eyewear brand centered around protection and performance. When compliant frames are fitted with the appropriate polycarbonate lenses, the eyewear meets or exceeds ASTM (American Society Testing and Materials) F803 impact-resistance guidelines.

### Rec Specs

Rec Specs is the world's leading brand of high-quality protective eyewear designed specifically for sporting applications. Most Rec Specs are tested to withstand the ASTM F803 impact-resistance standards for racquetball, basketball, handball, squash, paddleball, and tennis when fitted with the appropriate polycarbonate lenses.

Rec Specs is the first protective sport eyewear to receive the AOA Seal of Acceptance.

### Performance sunglasses engineered for lifestyle sports

At Liberty Sport, we are dedicated to setting the gold standard for advantaged eyewear solutions for athletes and active people everywhere. In doing so, Liberty Sport helps to protect vision and improve performance with prescription performance sunglasses. Our styles are engineered and innovative across the entire collection. We design performance sunglasses for use-specific basis – each style has unique, functional product advantages. The lifestyle sports we cater to are: speed and motion (motorcycling, cycling, running), snow (winter sports, skiing, snowboarding), water (fishing, water sports, boating), cross training, swimming, golfing and shooting.

New performance sun technologies introduced in 2008:

### MagTraxion Technology™

MagTraxion Technology™ is a technically unique magnetic system combining skillful engineering and contemporary style. In a snap, you can go from a fashion sunglass to high performance sun protection. It's like getting two pairs of sunglasses for the price of one!

### Illusion Technology™ (patent pending)

Illusion Technology™ is an optically friendly, patent-pending Rx adapter system. Eye care professionals can now insert six-base lenses into sunglasses sporting an eight-base, semi-rimless mounting. The Illusion is perfect for the customer who has a more demanding prescription, but still enjoys the look of swept-back sunglasses.

### Dedicated to preventing sports-related eye injuries

Liberty Sport sponsors the Coalition to Prevent Sports Eye Injuries. The coalition was created to substantially reduce the number of avoidable eye injuries that occur in today's sports and recreational environment. This mission will be achieved through the implementation of proactive programs targeting the education of eye care professionals, organized sports organizations, government agencies, parents and participants with regards to both the risks of sports-related eye injury as well as effective measures of prevention.

Liberty Sport sponsors the AOA's Keeping Injuries Down in Sports (K.I.D.S.) state optometric association grant program, which provides \$100,000 (each grant has a \$10,000 maximum) for projects that support public education and awareness of the prevention of sports-related eye injuries through the use of appropriate personal protective eyewear.

## CIBA launches latest SiHy CL

CIBA Vision announced the launch of its latest silicone hydrogel product—Air Optix™ Aqua breathable contact lenses, which deliver an advanced combination of oxygen and moisture and excellent initial as well as all-day comfort, contributing to a healthy lens-wearing experience.

Air Optix Aqua lenses are designed to start and stay comfortable with the new Aqua Moisture System, which includes:

- ❖ a unique moisture agent that helps lubricate the lens for initial comfort
- ❖ a patented lens material that helps maintain moisture by minimizing the rate of lens dehydration for comfort all day
- ❖ an ultra-smooth surface with superior wettability and excellent deposit resistance for comfort every day.

"Seventy percent of patients who experience eye irritation from their contact lenses never tell their eye care professional about it," said Rick Weisbarth, O.D., vice president, CIBA Vision Global Head Professional Development and Partnerships. "With the unique Aqua Moisture System and Dk/t of 138, Air Optix Aqua lenses provide high oxygen transmissibility and initial and all-day comfort, helping satisfy the often undiscussed patient need for improved comfort and health."

To help encourage healthy lens wear and higher patient compliance, CIBA Vision recommends a monthly replacement schedule for Air Optix Aqua lenses.

Clinical research shows the lens has sustained performance through a month of wear.

Between 2 and 4 weeks, there was no significant difference in subjective ratings of overall vision or comfort in patients wearing Air Optix Aqua, and patients experienced minimal front surface

deposits through 4 weeks of wear.

Air Optix Aqua lenses also provide lipid deposit resistance to contribute to healthy and comfortable lens wear.

Made of lotrafilcon B, Air Optix Aqua lenses have a 33 percent water content and are available from -0.25D to -8.00D in 0.25D steps; from -8.50D to -10.00D in 0.50D steps, and from +0.25D to +6.00D in 0.25D steps. They have a diameter of 14.2 mm, a base curve of 8.6 mm and feature a light blue handling tint. Air Optix Aqua lenses are recommended for daily wear or up to six nights of extended wear.

### CIBA introduces Dailies AquaComfort Plus

The first and only CIBA Vision lens with Triple Action Moisture, Dailies AquaComfort Plus lubricates, moisturizes and refreshes the lens for outstanding comfort throughout the day.

This new lens includes a lubricant for instant comfort at the start of the day, a wetting agent that, together with the third comfort agent, provides moisture throughout the day, and an optimized blink-activated moisturizing agent that refreshes the lens through the end of the day.

Three material components contribute to the Triple Action Moisture: HPMC (Hydroxypropyl methylcellulose) lubricates the lens, PEG (Polyethylene glycol) moisturizes the lens, and PVA (Polyvinyl alcohol) refreshes the lens throughout the day.

To satisfy the varying comfort and value expectations of patients, CIBA Vision will continue to offer its current Focus Dailies with AquaRelease, giving eye care professionals two high-quality daily disposable lens options to meet the specific, individual needs of their patients.



**The Ophthalmic Council gathered in Seattle to celebrate its 10-year anniversary. From left, Stan Yamane, O.D., vice president, Professional Relations, VisionWeb; J. Pat Cummings, O.D., vice president, Professional Group & Customer Development, Vistakon®; Mike Daley, president, Essilor Lenses; Howard Braverman, O.D., council chair; Henry Sand, vice president, Professional Relations, Luxottica Group; and Mike Pier, O.D., director, Professional Relations, Bausch & Lomb.**

## AOA collaboration with industry reaches milestone

**T**he AOA announced the 10th anniversary of the Ophthalmic Council at Optometry's Meeting® last month.

The Ophthalmic Council serves as an informal forum for the leaders of the ophthalmic industry and the AOA to communicate their respective ideas and concerns while enhancing and advancing the ophthalmic industry to better serve patients and consumers.

In the course of its 10 years, the Ophthalmic Council's support of the AOA and the profession of optometry has been in the millions of dollars and unmeasured amounts of time and counsel.

A company's participation in the Ophthalmic Council begins with sponsorship support of projects or programs—either with a single sponsorship or collective support in several areas—as well as a demonstrated consistency with the AOA's goals and practices.

Of particular note, the Ophthalmic Council provided support for the Practice Management University (PMU) from 2000 – 2003 and Optometry 2020 Summits

(2005 – 2006).

In its three years, PMU provided management training to more than 11,000 optometrists and their staffs.

The Optometry 2020 Summits provided an unprecedented opportunity for all optometric organizations and industry to consider the future of the optometric profession outside the normal political and economic boundaries. Putting patient care at the center, and considering inevitable changes in the world, optometric organizations took an honest look at the future and determined its course.

"The Ophthalmic Council is extremely valuable to the profession because of the interactions with industry leaders, and has become a vehicle for industry and the optometric profession to work together to benefit the patients that we both serve every day," said Howard J. Braverman, O.D., chair of the AOA Ophthalmic Council. "Also, the Ophthalmic Council recognizes those companies at the top tier of support of organized optometry and to ensure an ongoing

dialogue that benefits the profession."

As the architects of the Ophthalmic Council, Dr. Braverman said he, Irving Bennett, O.D., and Michael Jones, O.D., thought about what they could do that would be good for the profession.

"We all had a dream—and it was the Ophthalmic Council," said Dr. Braverman.

Founding participants of the Ophthalmic Council include: Alcon, Allergan, Bausch & Lomb, CIBA Vision, Essilor of America, Inc., Luxottica Group, Marchon Eyewear, VSP, and Vistakon, Division of Johnson & Johnson, Vision Care, Inc. In addition, the current Ophthalmic Council participants are Advanced Medical Optics, CooperVision, Eyemaginations, HOYA, Optos, Liberty Sport, TLC Vision, Transitions Optical, and VisionWeb.

"It is gratifying to know that all of the founding participants continue to support optometry through active participation on the council," said Dr. Bennett.

## Industry Profile: Kemin Health



INSPIRED MOLECULAR SOLUTIONS™

Kemin Health, L.C., (Kemin) is a global nutritional ingredient manufacturer committed to improving the nutrition of the world.

We develop, manufacture and market differentiated specialty ingredients with healthful benefits for the vitamin and dietary supplement and functional food markets.

Kemin is credited with successfully commercializing lutein and significantly developing the eye supplement category with the world's leading lutein brand, FloraGLO® Lutein.

More than 200 published studies now support the benefits of lutein for eye health, specifically age-related vision loss.

Nutrition and low vision rehabilitation are the only non-surgical interventions currently available for the majority of people with age-related vision loss.

For this reason, Kemin is committed to increasing the awareness of the role of nutrition in maintaining healthy vision.

Kemin sponsors the following AOA programs:

- ❖ Low Vision University™ (LVU)
- ❖ Nutrients for Eye Health

Low Vision University is an educational program developed by the AOA Low Vision Rehabilitation Section (LVRS) that provides optometrists with research-driven approaches of reducing the risk of chronic eye diseases through nutritional regimens.

Nutrients for Eye Health is a program that consists of various nutritional education materials to help optometrists better serve their patients and learn about nutrition's role in eye health.



## Free patient education materials for your practice

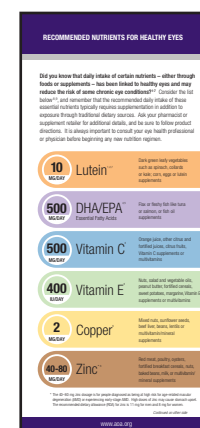
### Lutein Patient Information Brochure

To view the brochure online and to sign up for free copies for your practice, visit [www.luteined.org/aoa](http://www.luteined.org/aoa).

## Recommended Nutrients Padded Sheet

To receive free copies for your practice, please contact the AOA directly at [publicrelations@aoa.org](mailto:publicrelations@aoa.org).

For more information about Kemin, visit [www.floraglolutein.com](http://www.floraglolutein.com).







## MEETINGS

### July

**NATIONAL OPTOMETRIC ASSOCIATION**  
40TH ANNUAL CONVENTION  
July 22-27, 2008  
Hilton Financial District Hotel, San Francisco, California  
Dr. Charles Comer  
877/394-2020  
www.natoptassoc.com or  
www.nationaloptometricassociation.org

**NEW HAMPSHIRE OPTOMETRIC ASSOCIATION**  
Sponsored by VSP  
CE Program  
July 23, 2008  
Holiday Inn on Main Street  
Concord, NH  
Brian Klinger, O.D.  
Optometrist@comcast.net

**VT/VISUAL DYSFUNCTIONS (OEP CLINICAL CURRICULUM)**  
Optometric Extension Program  
Foundation  
July 24-28, 2008  
Grand Rapids, MI.  
Theresa Krejci  
800/447 0370  
TheresaKrejciOEP@verizon.net  
www.oep.org

**SCOA SUMMER SEMINAR**  
SOUTH CAROLINA OPTOMETRIC ASSOCIATION, Greensboro, GA  
July 25-27, 2008  
Ritz-Carlton Lodge  
803/799-6721  
www.sc-eyecare.org

**WEB 7: KidTools: A Survey of Current Low Vision Devices for Children** July 25, 2008 (viewable on demand for six months [registration required]) 800/829-0500  
www.lighthouse.org

**SACRAMENTO VALLEY OPTOMETRIC SOCIETY**  
**TAHOE SEMINAR**  
July 25-27, 2008  
Embassy Suites Resort at South Lake

Tahoe, California  
916/447-0270  
jerrysue@svos.info  
www.svos.info

**OPHTHALMIC EDUCATION INSTITUTE AND UMSL SCHOOL OF OPTOMETRY**  
CONTINUING EDUCATION COURSE, July 26-27, 2008  
Kishwaukee Community Hospital Auditorium, Sycamore, Illinois  
A. A. Bucar, O.D.  
847/838-2020  
oeidrb@aol.com

### August

**112TH ANNUAL MEETING AND EDUCATIONAL SEMINAR**  
MICHIGAN OPTOMETRIC ASSOCIATION August 1-3, 2008  
Boyne Mt. Grand Lodge, Boyne Falls, Michigan  
www.themoa.org  
517 482 0616

**SWFOA**  
2008 SOUTH SEAS EDUCATIONAL RETREAT  
Captiva Island  
August 1-3, 2008  
Brad Middaugh, O.D.  
239/481-7799  
swfoa@att.net

**ARAN EYE ASSOCIATES**  
13TH ANNUAL KEY WEST RETREAT  
August 8-9, 2008  
Gloria Ayan  
305/491-3747  
gayan@araneye.com

**OPTOMETRIC EXTENSION PROGRAM FOUNDATION**  
OPTOMETRIC MANAGEMENT OF THE VISUAL CONSEQUENCES OF ACQUIRED BRAIN INJURY  
August 9-10, 2008  
Palo Alto VA Medical Center Auditorium, Palo Alto, California  
Sally Corngold 949/250-8070  
FAX: 949/250-8157  
oep@oep.org

**OCULAR THERAPEUTICS CONTINUING EDUCATION**  
15TH ANNUAL GLAUCOMA IN THE GORGE  
August 9-10, 2008  
Best Western Hood River Inn, Hood River, Oregon  
856/429-7415  
info@otce.net  
www.otce.net

**NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY**  
21-Hour Therapeutic Pharmaceutical Agents Refresher Course  
August 14-26, 2008  
Aboard the Carnival Freedom (Mediterranean Cruise)  
N. Scott Gorman, O.D.,  
954/262-1462  
scottg@nsu.nova.edu  
http://optometry.nova.edu/ce

**NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY**  
GLAUCOMA UPDATE 2008  
August 24, 2008  
Fort Lauderdale, Florida  
N. Scott Gorman, O.D.  
954/262-1462  
scottg@nsu.nova.edu  
http://optometry.nova.edu/ce

**TASTE AND CE ITALY**  
SUNY College of Optometry  
August 27-September 1, 2008  
Florence, Italy  
Andrew Archila, O.D., MBA, FAAO  
888/406-8166  
questions@tasteandceitaly.com  
www.tasteandceitaly.com

### September

**ENVISION CONFERENCE 2008**  
September 5-6, 2008  
San Antonio, Texas  
Michael Epp  
316/425-7119  
michael.epp@envisionus.com  
http://www.envisionconference.org

**STATE LEGISLATIVE CONFERENCE**  
American Optometric Association's State Government Relations Center  
September 5-6, 2008  
Indianapolis, Sherry Cooper  
314/991-4266  
FAX: 314/991-4101  
slcooper@aaa.org

**VERMONT OPTOMETRIC ASSOCIATION**  
100 YEAR ANNIVERSARY CELEBRATION AND FALL CE CONFERENCE  
September 5-7, 2008  
Hilton Hotel and Conference Center, Burlington, Vermont  
Lisa Eriksson, O.D.  
eriksson@gmavt.net  
www.vtoptometrists.org

**WEB 6: CURRENT TREATMENTS FOR AMD**  
September 9, 2008 (viewable on demand for six months [registration required])  
800/829-0500  
www.lighthouse.org

**VT/LEARNING RELATED VISUAL PROBLEMS (OEP Clinical Curriculum)**  
Optometric Extension Program  
Foundation  
September 11-15, 2008  
Grand Rapids, MI.  
Theresa Krejci  
800/447 0370  
TheresaKrejciOEP@verizon.net  
www.oep.org

**MINNESOTA OPTOMETRIC ASSOCIATION**  
FALL MEETING  
September 12-13, 2008  
St. Cloud Civic Center, St. Cloud, MN  
Jessica E. Miller  
952/841-1122  
FAX: 952/921-5801  
Jessica@mnayedocs.org  
www.minnesotaoptometrists.org

**39TH ANNUAL COLORADO VISION TRAINING CONFERENCE**  
Optometric Extension Program  
Foundation  
September 12-14, 2008  
YMCA of the Rockies, Estes Park, Colorado  
George Hertneky  
970/842-5166  
hertnekyg@mac.com

**PSS 2008: FORUM ON OPTOMETRY**  
September 13-14, 2008  
Mystic Marriott Hotel, Groton, Connecticut  
203/415-3087  
education@psseyecare.com  
www.psseyecare.com

**PENNSYLVANIA OPTOMETRIC ASSOCIATION**  
GLAUCOMA UPDATE 2008  
September 14, 2008  
Niitany Lion Inn  
State College, PA  
Ilene K. Sauerrieg  
717/233-6455  
ilene@poaeyes.org  
www.poaeyes.org

**NEW MEXICO OPTOMETRIC ASSOCIATION**  
2008 FALL CONTINUING EDUCATION AND MID-YEAR MEETING, September 19-20,  
Inn of the Mountain Gods Resort & Casino Ruidoso, NM  
Richard Montoya  
575/751-7242  
fleece@laplaza.org

**SOUTHERN COLLEGE OF OPTOMETRY**  
2008 FALL CONTINUING EDUCATION AND HOMECOMING WEEKEND  
September 19-21, 2008  
SCO Campus and The Peabody

Memphis Hotel  
Memphis, TN  
Dr. Kristin K. Anderson  
901/722-3234  
ce@sco.edu  
www.sco.edu

**SEPTEMBER "FALL" CONFERENCE**  
Maine Optometric Association, Inc.  
September 19-21, 2008  
Bethel Inn, Bethel, Maine  
moa.office@maineyedoctors.com  
www.maineyedoctors.com

**FOURTH ANNUAL "SHARED VISIONS" 2008-2009**  
INTERNATIONAL ART EXHIBIT DEBUT, dessert and coffee reception, where 90 innovative works of art will be on display. These 50 blind and legally-blind artists are from around the U.S. as well as from Israel, India, Sweden and Canada. Debut September 23, 2008, exhibit continues through mid-August 2009. SCCO Eye Care Center  
For More Information and RSVP: Contact Arlene Kaye  
714.992.7865

**WISCONSIN OPTOMETRIC ASSOCIATION**  
2008 CONVENTION AND ANNUAL MEETING  
September 25-28, 2008  
Marriott Madison West  
Middleton, WI 53562  
Joleen Breunig  
800/678-5357  
joleenwoaoffice@tds.net  
www.woa-eyes.org

**2008 LEAGUES UNDER THE CE**  
Nova Southeastern University  
College of Optometry  
September 25-28, 2008  
Atlantis, Paradise Island, Nassau, Bahamas N. Scott Gorman, O.D.,  
954/262-1462  
scottg@nsu.nova.edu  
http://optometry.nova.edu/ce

### October

**KENTUCKY OPTOMETRIC ASSOCIATION**  
2008 FALL EDUCATIONAL CONFERENCE  
October 3-5, 2008  
Embassy Suites Hotel, Lexington, Kentucky  
800/320-2406  
sarah@kyeyes.org  
www.kyeyes.org

**INDIANA OPTOMETRIC ASSOCIATION**  
INDIANA OPTOMETRIC ASSOCIATION FALL SEMINAR  
October 8-9, 2008  
Indiana University Memorial Union, Bloomington, Indiana  
www.ioa.org

### Optometric Nutrition Society

The Optometric Nutrition Society will hold its first annual education meeting Oct. 21, 2008, from 9 a.m. to 4 p.m. in Anaheim, Calif. This will be one day before the beginning of the American Academy of Optometry meeting.

The agenda includes:

Ellen Troyer MT, MA: "Current Thoughts on Nutrition: The latest from A-Z"  
Steve Whiting, Ph.D.: "Understanding the Importance and Concepts of Full Spectrum Nutrition"  
Stuart Richer, O.D.: "Inflammation and the Retina"  
Bruce Ames, Ph.D.: "Nutrients and Mitochondrial Health"  
Larry Alexander, O.D.: "Nutrients and Neuroprotection"  
Jeffrey Anshel, O.D.: "The Role of Nutrition in the Primary Care Practice"

Registration is open to all members of the Society. Non-members can join at:

www.optometricnutritionssociety.org/

Contact: Jeffrey Anshel, O.D., 800-383-1202; optometricnutritionssociety@gmail.com

**To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org**





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**Vision Therapy Gets Results** – Find out how to have a successful vision therapy practice – contact OEP and COVD for a free introduction to vision therapy.

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Office of Continuing Education and Alumni Affairs  
**GLAUCOMA UPDATE 2008**

**August 24, 2008**

FOR FURTHER INFORMATION PLEASE CONTACT  
LORENA LIZASABA, COORDINATOR  
(954) 262-4224 • [OCEAA@NSU.NOVA.EDU](mailto:OCEAA@NSU.NOVA.EDU)

**FACULTY**  
Barry J. Frauens, O.D., FAAO  
John McSoley, O.D.  
Jerome Sherman, O.D., FAAO  
Joseph Sowka, O.D., FAAO (Dipl)

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Total Hours 17 • 15 Hours Cope Approved

#### Program / Speakers

Jimmy Bartlett, O.D., F.A.A.O.	6 hours TQ/CE
Brian Den Beste, O.D., F.A.A.O.	5 hours CE 2 hours CE Medical Errors
Sheldon Kreda, O.D., F.A.A.O.	2 hours PM - Designing a Paperless Office
Ron Foreman, O.D., F.A.A.O.	2 hours CE Optometric Jurisprudence

#### Information

Brad Middaugh, O.D.  
1534 Brantley Rd.  
Fort Myers, Florida 33907  
Phone: 239-481-7799  
Fax: 239-481-3739  
E-mail: swfoa@att.net

Hotel Reservations: Toll Free - 1-888-707-7888

#### Registration

Prior to July 10, 2008  
A.O.A members - \$350  
Non-members - \$450  
.....  
After July 10th add \$50  
to ALL registrations.

### AEA Optometric Cruise Seminars 2008-2009

**Coastal**, 9/20-9/27/08, Sapphire Princess®. Vancouver, Nanaimo, Victoria, San Francisco, Catalina Island, San Diego, Los Angeles. From \$799

**Eastern Caribbean**, 1/25-2/1/09, Crown Princess®. Ft. Lauderdale, Princess Cays, St. Maarten, St. Thomas, Grand Turk, Ft. Lauderdale. From \$659

**Hawaii**, 2/14-2/21/09, NCL Pride of America®. Honolulu, Maui, Hilo, Kona, Nawiliwili, Honolulu. From \$1259  
~ Valentine's Day/President's Day ~

**Classic Southern Caribbean**, 2/15-2/22/09, Caribbean Princess®. San Juan, Barbados, St. Lucia, Antigua, Tortola, St. Thomas, San Juan. From \$909. ~ **President's Day** ~. Speakers: Janet Betchkal, MD & Rick Bendel, MD

**Eastern Caribbean**, 3/14-3/21/09, Disney Magic®. Port Canaveral, St. Maarten, St. Thomas, Castaway Cay, Port Canaveral. From \$1169.00 ~ **Spring Break with Disney!** ~

**Westbound Transatlantic Crossing**, 5/25-5/31/09, Cunard Queen Mary 2®. Southampton to New York. Premium balconies from \$1752. ~ **Memorial Day** ~

**Western Caribbean**, 6/27-7/4/09, Disney Magic®. Port Canaveral, Key West, Grand Cayman, Cozumel, Castaway Cay, Port Canaveral. From \$1549 ~ **4th of July with Disney!** ~

**Eastern Caribbean/Bermuda**, 6/29-7/8/09, Caribbean Princess®. New York City, Bermuda (West End), San Juan, St. Thomas, Grand Turk, New York City. From \$1329 ~ **4th of July** ~

**Gulf of Alaska**, 6/29-7/6/09, Coral Princess®. Vancouver, Ketchikan, Juneau, Skagway, Glacier Bay National Park, College Fjord, Anchorage. From \$1009 ~ **4th of July** ~

**Hawaii**, 7/4-7/11/09, NCL Pride of America®. Honolulu, Maui, Hilo, Kona, Nawiliwili, Honolulu. From \$1409  
~ **4th of July** ~

**Classic Grand Mediterranean**, 7/15-7/27/09, Ruby Princess®. Barcelona, Monte Carlo, Florence/Pisa, Rome, Naples/Capri, Mykonos, Istanbul, Kusadasi, Athens, Venice. From \$2240 Speaker: Dr. Paul Ajamian

**Blue Danube Discovery River Cruise**, 7/20-7/27/09, Amadeus Waterways Amadante®. Budapest, Bratislava, Vienna, Durnstein-Melk, Linz-Passau, Regensburg, Nuremberg-Carlsbad-Prague. Optional 2 night pre-cruise stay in Budapest and/or 3 night post-cruise stay in Prague. Cruise fare INCLUDES wines w/ dinner and most shore excursions! From \$2299 cruise only. Speaker: Dr. Robert Wooldridge

**Mediterranean**, 7/27-8/3/09, MSC Splendida®. Barcelona, Tunis, Malta, Messina, Civitavecchia (Rome), Genoa, Marseille, Barcelona. **KIDS 17 AND UNDER SAIL FREE AS 3rd & 4th IN A CABIN.** From \$1299 Speaker: Dr. Harue Marsden

Early booking discounts or regional promotions may apply. Call for lowest current price. Fares are cruise only, per person, USD, based on double occupancy, capacity controlled and subject to availability. Government fees and taxes, fuel supplement are additional. Visit cruise line websites for terms, conditions, and definitions which will apply to all bookings.

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#### FACULTY

Barry J. Frauens, O.D., F.A.O.  
Joseph Sowka, O.D., F.A.O. (Dipl)  
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Heidi Wagner, O.D., M.P.H., F.A.O. (Dipl)

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#### Eyeglasses sought for Darfur:

Reading eyeglasses needed for project for Darfur refugees in Chad at 3 refugee camps (Bredjing, Treguine, and Gaga) as well as 18 local Chadian villages. Seeking donations of a total of 1,750 pairs of reading glasses (500 for each of the three refugee camps and 250 for the local Chadians.) So far, we have received 591 reading glasses – 100 from For Eyes Optical, 126 from Peeper Reading Glasses, 130 from Hilco, 169 from Equation, LLC, and 50 from Davis Vision – and another optical company has pledged 300 pairs, which when we receive them will total 891. Having achieved 50% of our reader goals in Chad, we are seeking 860 readers more. We have been asking optical companies if they can match the generous donations we have received, but any amount will make a difference and will be greatly appreciated. You can see how we've photographed the eyeglasses we've received, and posted info about the donation and the company at our website: [www.bookwish.org](http://www.bookwish.org). Our website describes the other aspects of "reading relief" (books, secondary school textbooks, library construction, and more.) Contact: Lorraine Kleinwaks, VP, Book Wish Foundation, [lorraine@bookwish.org](mailto:lorraine@bookwish.org), [www.bookwish.org](http://www.bookwish.org)

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### One of the leading reasons

worldwide for blindness is the simple lack of a pair of glasses. VOSH (Volunteer Optometric Services to Humanity) is dedicated to battling this problem. The organization has made Nicaragua, the poorest country in Central America, a priority this year. In addition to a number of clinics that VOSH has run in poor rural areas of the country, they are establishing a lens processing lab in the poverty-stricken northern region of the country. VOSH is asking all U.S. optometrists to check their in-office labs for any excess or obsolete uncut plastic lenses they might be willing to donate to the cause. We need single vision or spherical bifocal plastic lenses. Our lab cannot process glass lenses so those are not needed. VOSH is also accepting new unused spectacle frames for use in the lab. Please call 800-300-4590 to arrange free UPS ground shipment of your unused inventory. Those lenses could make a poor Nicaraguan see and become a more productive member of society. VOSH also is soliciting donation of used optometric equipment to equip clinic sites. Contact information can be found on [www.vosh.org](http://www.vosh.org).

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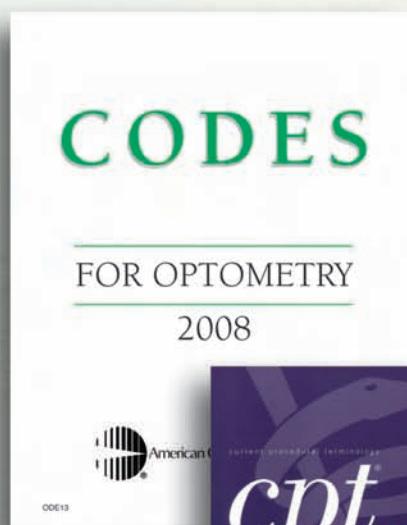
**Walhalla, SC:** Zeiss Preview p.h.p. purchased 08/2005. For sale: \$2,500. Inquiries call Teresa Crowe at (864)638-9505 or email [tcrowe@medivisionsc.com](mailto:tcrowe@medivisionsc.com)



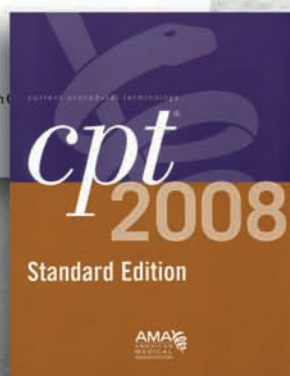
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1. Data on file, 2007. Advanced Medical Optics, Inc., Santa Ana, CA.